| 2002   | UNIFORM BUSI  | NESS REPOR                             | RT (UBI          | R)   | ****   |
|--|---|--|------------------|--|--|
| DOCUMENT # ** B9400000239  1. Entity Name  |   |  |                  |  | FILED.   |
| THE ENTREPRENEURIAL VALUE FUND, LIMÍTED PARTNERS<br>HIP  |   |  |                  | 02 MAY 22 AM 10: 56  |  |
| Principal Place of Business Mailing Address 3003 TAMIAMI TRAIL NORTH 3003 TAMIAMI TRAIL NORTH  |   |  | ц                | -  | SECRETARY OF STATE TALLAHASSEE, FLORIDA                                      |
| SRD FLOOR NAPLES FL 34103 NAPLES FL 34103  |   | SAD FLOOR<br>NAPLES FL 34103           |                  | :  |  |
| 700 · 1011 · 2 · 1011  |   |  | <u>wbaye</u>     | 3/91   |  |
| <i>*500 *500</i>   |   |  | <u> </u>         |  | DUE BY MAY 1, 2002   |
| City & State   | 5   | City & State RS F                      | 2 <u>L</u>       |  | 4. FEI Number 65-0496305 Applied For Not Applicable                          |
| - 3c   | 1108 Country USA  | 34108                                  | USA              |  | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required |
| * *  | 6. Name and Address of Current R                          | legistered Agent                       | < Name           |  | 7. Name and Address of New Registered Agent                                  |
| KELLEY, I<br>3003 TAX<br>3RD F200<br>NAPVES I  |   | Street A                               |                  | P.O. pox Number is Not Agreptable Blud.  FOR DO FL Zip Code 3418 |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent pot title if applicable.  9. Capital Contributions as Shown on record.  \$52,447,648.00  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |   |  |                  |  |  |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.  |   |  |                  |  |  |
| 12.  | GENERAL PARTNER   | INFORMATION                            | 13.              | r  | ADDRESS CHANGES ONLY   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS*  | B01000000010 PRIVATE CAPITAL MANAGEMENT                   | , LP.                                  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | 8889 PELICAN BAY BLVD., SUITE 500<br>NAPLES FL 34108-7512 |  | CITY-ST-ZIP      |  | 8000056917182  |
| DOCUMENT #<br>NAME   |   | ~-                                     | STREET ADDRESS   |  | -06/05/0201014804<br>****88.75 *****88.75                                    |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |  | CITY-ST-ZIP      |  |  |
| DOCUMENT #   |   | المسيالة في يستعون السيبيين المالا الأ | STREET ADDRESS*  | منيوا إ ١٠٠  | 8000056917182  |
| STREET ADDRESS<br>City-St-Zip  |   |  | CITY-ST-ZIP      |  | -06/05/0201014005<br>****437.50 ****437.50                                   |
| DOCUMENT #   |   |  | =syreet adoress= |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   | -                                      | CITY-ST-ZIP      |  |  |
| DOCUMENT #<br>NAME   | `   |  | STREET ADDRESS   |  |  |
| STREET ADDRESS<br>City-St-21P  | , i   |  | CITY-ST-ZIP      |  |  |
| DOCUMEN  |   |  | STREET ADDRESS   |  |  |

14. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

POBPLIANTE CAPITAL MANTELL. 4/18/02 (941) 25400
IGGENERAL PARTNER
Date Date Date Date