

# 2000 UNIFORM BUSINESS REPORT (UBR)

17 (REV. 10/97)

**DOCUMENT # B95000000280**  
 1. Entity Name  
**PRIVATE VALUE FUND, LIMITED PARTNERSHIP**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 FEB 29 AM 8:59

Principal Place of Business  
**3003 TAMiami TRAIL NORTH, SUITE 360  
 NAPLES FL 34103**

Mailing Address  
**C/O PRIVATE CAPITAL MANAGEMENT, INC.  
 3003 TAMiami TRAIL NORTH  
 NAPLES FL 34103-2714**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Zip Country

4. FEI Number **65-0592935**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET, SUITE 105  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$82,500,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>J48592 PRIVATE CAPITAL MANAGEMENT, INC. 3003 TAMiami TRAIL NORTH, SUITE 360 NAPLES FL 34103</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<b>200003169142--9 -03/14/00--01089--002 ****526.25 ****526.25</b>
STREET ADDRESS CITY - ST - ZIP	<b>My 319100</b>
STREET ADDRESS CITY - ST - ZIP	
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14. I 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 oath; 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

SIGNATURE: **SIGNATURE REQUIRED** *Private Capital Mgmt* 1/17/00 941-262112  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)