Daytime Phone #

2004	UNIEORM	<b>BUSINESS</b>	<b>REDORT</b>	HIRD
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SIGNATURE:

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DOCUMENT # B9500000280 1. Entity Name							0.	) 2	
PRIVATE VALUE FUND, LIMITED PARTNERSHIP						LED	- AV		
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 33940		SECRETA	-5 AM 11: Ry of Stat See, Florii	E			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & Stat	te	City & State		4. FEI Number 65-0592935 Applied Fo. Not Applied			ole )		
Zip	Country	Zip Country		5. Certificate of Status Des		\$8.75 Additional Fee Required	7		
	6. Name and Address of Current F	Registered Agent			7. Name and Address of N	lew Registered A	gent		
				Name				$\neg$	
THE PREN	NTICE-HALL CORPORATION SYSTE	M INC			<u> </u>	<u> </u>	<u> </u>	_	
	'S STREET, SUITE 105	,		Street Address (F	P.O. Box Number is Not Accep	otable)			
	· ·			<del></del>				ᅱ	
IALLAHAS	SSEE FL 32301								
				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
9. Capital Contributions as Shown on record. \$82,500,000.00 In FLORIDA to date.					SEE R	EVERSE SIDE FOI	TO DEPT. OF STATE R FEE INFORMATION	_	
	A GENERAL PARTNER T NOTE: General Partners MA								
12.	GENERAL PARTNER		13.	, an amendmen		S CHANGES ONL			
DOCUMENT.#		INFORMATION	1		ADDITES	5 CHANGES ONE	.1	$\dashv_i$	
NAME	J48592   PRIVATE CAPITAL MANAGEMENT,   3003 TAMIAMI TRAIL NORTH, SUI	ATE CAPITAL MANAGEMENT, INC.		ET ADDRESS	·			_  }	
CITY-ST-ZIP	NAPLES FL 34103	IL NORTH, SUITE 360			- oner	rooma	199= <del>-8</del>	_  }	
NAME			STRE	ET ADDRESS	8000E -03	/06/010	1115024	;	
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STREET ADDRESS CITY-ST-ZIP			<u>.                                    </u>	-ST-ZIP					
indicated	certify that the information supplied with I on this report is true and accurate and t ver or trustee empowered to execute this	hat my signature shall have th	ne same	e legal effect as if m	ction 119.07(3)(i), Florida Stat lade under oath; that I am a G	utes. I further cert eneral Partner of t	ify that the information the limited partnership	or	