

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004571 AV

DOCUMENT # **B95000000280**

1. Entity Name  
**PRIVATE VALUE FUND, LIMITED PARTNERSHIP**

**FILED**

02 MAY 15 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*RJH*

Principal Place of Business  
**3003 TAMMAMI TRAIL NORTH, SUITE 360  
NAPLES FL 34102**

Mailing Address  
**C/O PRIVATE CAPITAL MANAGEMENT, INC.  
3003 TAMMAMI TRAIL NORTH  
NAPLES FL 33940**



2. Principal Place of Business  
**8889 Pelican Bay Blvd.**

3. Mailing Address  
**8889 Pelican Bay Blvd. #500**

Suite, Apt. #, etc.  
**\* 500**

City & State  
**NAPLES, FL 34108**

Zip  
**34108**

Country  
**USA**

**DUE BY MAY 1, 2002**

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 32304**

7. Name and Address of New Registered Agent  
Name  
**Boyer, David G. Lisa Gallagher**

Street Address (P.O. Box Number is Not Acceptable)  
**8889 Pelican Bay Blvd., Suite 500**

City  
**NAPLES**

State  
**FL**

Zip Code  
**34108**

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  
**Lisa K. Gallagher - V.P./General Counsel for General Partner**

DATE  
**4/9/02**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>B0100000010</b>	STREET ADDRESS	
NAME	<b>PRIVATE CAPITAL MANAGEMENT, L.P.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>8889 PELICAN BAY BLVD., SUITE 500</b>		
CITY-ST-ZIP	<b>NAPLES FL 34108-7512</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>700005637077--1</b>
STREET ADDRESS			<b>-05/29/02--01025--025</b>
CITY-ST-ZIP			<b>****437.50 ****437.50</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>700005637077--1</b>
STREET ADDRESS			<b>-05/29/02--01025--024</b>
CITY-ST-ZIP			<b>*****88.75 *****88.75</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: **Lisa K. Gallagher - V.P./General Counsel for General Partner**

DATE: **4/9/02**

DAYTIME PHONE #: **941-254-2527**

CR2E003 (9/01)