


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006**


**FILED
Jul 19, 2006 08:00 AM
Secretary of State**

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



Principal Place of Business: 8889 PELICAN BAY BLVD., #500, NAPLES, FL 34108
Mailing Address: 8889 PELICAN BAY BLVD., #500, NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE



07122006 No Chg-LP CR2E003 (11/05)
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
JOYCE, DAVID G
8889 PELICAN BAY BLVD., #500
NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00 Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	B01000000010
NAME	PRIVATE CAPITAL MANAGEMENT, L.P.
STREET ADDRESS	8889 PELICAN BAY BLVD., SUITE 500
CITY - ST - ZIP	NAPLES, FL 341087512
DOCUMENT #	
NAME	
STREET ADDRESS	
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07/19/06-80006-007 500.00

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  7-12-06 239-254-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE