


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Apr 19, 2007 08:00 A
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



04102007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0592935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
After May 1, 2007, Fee will be \$900.00**

**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

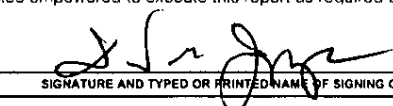
DOCUMENT #	B01000000010
NAME	PRIVATE CAPITAL MANAGEMENT, L.P.
STREET ADDRESS	8889 PELICAN BAY BLVD., SUITE 500
CITY-ST-ZIP	NAPLES, FL 341087512
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000718460
05/01/07-80023-013 500.00

*STAPLE CHECK HERE

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:  4/10/07 2392542522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #