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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 11, 2004

JACOB C. DYKXHOORN
P.O. BOX 1079
LAKE WALES, FL 33859-1079

SUBJECT: MITCHELL GROUP LLLP
Ref. Number: W04000018173

We have received your document for MITCHELL GROUP LLLP and your check(s) totaling $1810.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You must also change the name on your Statement of Qualification.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 104A00032928

04 MAY 30 PM 1:42

PETERSON & MYERS, P.A.

ATTORNEYS AT LAW

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MICHAEL W. CREWS (1941-1991)

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DEBORAH A. RUSTER
STEPHEN R. SENN
ANDREA TEVES SMITH
KEITH H. WADSWORTH
THEODORE W. WEEKS, IV
KERRY M. WILSON

Lake Wales, Florida
August 24, 2004

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Attention: Jason Merrick

Re: Mitchell Equity Group, LLLP

Dear Sir:

Enclosed, with regard to the above referenced Florida Limited Liability Limited Partnership, are the following documents:

1. A copy of your Letter Number 104A00032928 to me dated May 11, 2004.

2. Original Transmittal Letter.

3. Original Statement of Qualification for Florida Limited Liability Limited Partnership.

Also enclosed is a self addressed envelope for purposes of returning the letter of acknowledgment. Please call me if you have any questions or if you need anything further.

Sincerely,

PETERSON & MYERS, P. A.

Jacob C. Dykxhoorn

JCD/bv
Enclosures

04 AUG 25 PM 1:42

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Mitchell Equity Group, LLLP**
(Name of Limited Partnership)

DOCUMENT NUMBER: _____

The enclosed Statement of Qualification for Florida Limited Liability Limited Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacob C. Dykxhoorn
(Name of Person)

Peterson & Myers, P.A.
(Firm/Company)

130 East Central Avenue
(Address)

Lake Wales, FL 33853
and Zip Code)

For further information concerning this matter, please call:

Jacob C. Dykxhoorn at (**863**) **676-7611**
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

04 AUG 30 PM 1:42

INHS66(9/03)

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership as identified in the records of the Florida Department of State:
Mitchell Equity Group, LLLP

Insert limited partnership's Florida document number: _____
or
Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

Mitchell Equity Group, LLLP
(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: **341 N. Maitland Avenue**
(if different from current recorded address): **Suite 220**
Maitland, FL 32751

4. The street address of principal office in Florida: **341 N. Maitland Avenue**
(if different from above) **Suite 220**
Maitland, FL 32751

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
X as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____.

7. The name and Florida street address of the partnership's agent for service of process:
Stewart B. Mitchell
341 N. Maitland Avenue, Suite 220
Maitland, Florida **32751**

04 AUG 30 P1:42

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 11th day of **June**, **2004**.

Signature of TWO Partners: Stewart B Mitchell
Fritz K Mitchell

Typed or printed names of partners signing above: **Stewart B. Mitchell (general partner**
Fritz K. Mitchell, as Trustee (limitec

Filing Fee: $25.00
Certified Copy (optional): $52.50
Certificate of Status (optional): $8.75