

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 12: 26

DOCUMENT # A04000001485					
1. Entity Name MITCHELL EQUITY GROUP LLLP					
Principal Place of Business 331 N. MAITLAND AVE SUITE C-3 MAITLAND, FL 32751			Mailing Address P.O. BOX 940579 MAITLAND, FL 32794-0579		
2. Principal Place of Business - No P.O. Box # 39 OAKLEIGH DRIVE		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MAITLAND FL		City & State		4. FEI Number 20-6405424	
Zip 32751		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, STEWART B 331 N. MAITLAND AVE SUITE C-3 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 39 OAKLEIGH City MAITLAND FL Zip Code 32751		
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 <u><i>Stewart B Mitchell</i></u> DATE <u><i>4/25/2008</i></u>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	39 OAKLEIGH DR	
NAME	MITCHELL, STEWART B		CITY-ST-ZIP	MAITLAND, FL 32751	
STREET ADDRESS	331 N. MAITLAND AVE. SUITE C-3		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS	500128113165	
NAME			CITY-ST-ZIP	05/01/08--01034--009 **500.00	
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CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Stewart B Mitchell</i></u>			Date <u><i>4/25/2008</i></u> Daytime Phone # <u><i>746-6004</i></u>		

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