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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

I. The name of the limited partnership as identified in SMALL CAP ADVISORS, LLP	the records of the Florida Department of state:
Insert limited partnership's Florida document number: or Attach Certificate of Limited Partnership, Affidavit of partnership filing fees.	The second secon
2. The complete name of the entity after filing Stateme	ent of Qualification shall be:
SMALL CAP ADVISORS, (Must include LLLP)	
3. The street address of its chief executive office:(if different from current recorded address):	12515 Orange Drive, Suite 814 Davie, FL 33330
4. The street address of principal office in Florida: (if different from above)	12515 Orange Drive, Suite 814 Davie, FL 33330
 5. The limited partnership hereby elects to be a limited 6. The effective date of this filing shall be: as of the date this document is filed with or a date later than the time of filing: 	h the Florida Secretary of State
7. The name and Florida street address of the partners Brad Hacker, 12515 Orange Dri	hip's agent for service of process: ve. Suite 814, Davie, Ft. 33330
F	lorida
The execution of this statement as a partner constitutes that the facts stated herein are true. Signed this 20 day of Signature of TWO Partners:	J. 2005.
Typed of printed names of partners signing above.	rad Hacker

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