

L03000053905

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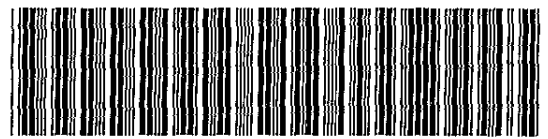
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELITE CAPITAL GROWTH FUND L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL B. KRATVILLE  
(Name of Person)

MICHAEL B. KRATVILLE P.C.  
(Firm/Company)

SUITE 145, 11920 BURT ST.  
(Address)

OMAHA, NE 68154  
(City/State and Zip Code)

For further information concerning this matter, please call:

NEIL J. LA BELLE at ( 727 ) 789-1979  
(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

SECRET  
TALLAHASSEE, FLORIDA

03 DEC -8 AM 9:02

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ELITE CAPITAL GROWTH FUND L.L.C.

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

611 South Fort Harrison

Clearwater, Florida 33767

#### Mailing Address:

17654 Karen St.

Omaha, NE 68135

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Neil J. LaBelle

Name

611 South Fort Harrison

Florida street address (P.O. Box **NOT** acceptable)

Clearwater, Florida 33767 FL

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature

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AM 9:02  
STATE  
OF FLORIDA

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Neil J. LaBelle

611 South Fort Harrison  
Clearwater, Florida 33767

MGR

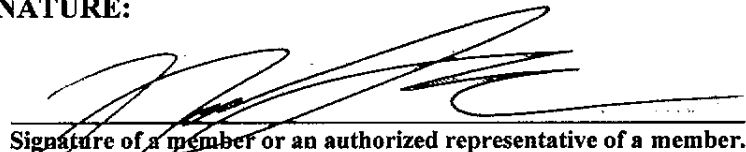
Jon Arrington

17654 Karen St.  
Omaha, NE 68135

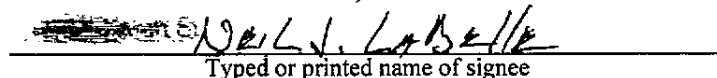
(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

03 DEC - 8:11 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 14, 2003

MICHAEL KRATVILLE  
11920 BURT STREET, SUITE 145  
OMAHA, NE 68154

SUBJECT: ELITE CAPITAL GROWTH FUND L.L.C.  
Ref. Number: W03000023133

We have received your document for ELITE CAPITAL GROWTH FUND L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name needs to be listed in article I.,

The registered agent must sign accepting the designation.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 803A00046350