

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2001 08:00 AM****Secretary of State****DOCUMENT # A99000000852**1. Entity Name
DLS INSURANCE PARTNERSHIP, LTD.Principal Place of Business
450 S. ORANGE AVENUE
ORLANDO FL 32801
Mailing Address
450 S. ORANGE AVENUE
ORLANDO FL 328012. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
POST OFFICE BOX 4920
Suite, Apt. #, etc.City & State
ORLANDO FLZip Country
328024. FEI Number
59-3590697
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SENEFF TIMOTHY J
450 S. ORANGE AVENUE
ORLANDO FL 328017. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ DATE **02/05/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. Capital Contributions as Shown on record. 900.00
10. Amount of Capital Contributions in FLORIDA to date. 900.00
11. **MAKE CHECK PAYABLE TO DEPT. OF STATE**
SEE REVERSE SIDE FOR FEE INFORMATION**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	
STREET ADDRESS	INSURANCE PARTNERSHIP MANAGER #2, LLC	CITY-ST-ZIP	
CITY-ST-ZIP	450 S. ORANGE AVENUE ORLANDO FL 32801	STREET ADDRESS	
DOCUMENT #	NAME	CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #	NAME	CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **TIMOTHY J. SENEFF** MGR 02/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)