2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Mar 26, 2007
Secretary of State

DOCUMENT# A99000000852

Entity Name: DLS INSURANCE PARTNERSHIP, LTD.

Current Principal Place of Business:

450 S. ORANGE AVENUE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4920
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-3590697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SENEFF, TIMOTHY J
450 S. ORANGE AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

Document #: L99000002776
Name: INSURANCE PARTNERSHIP MANAGER #2, LLC
Address: 450 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MM 03/26/2007

Electronic Signature of Signing General Partner — Date