

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A16000000568

**Entity Name:** GEORG DUNCKER INSURANCE BROKERS NORTH AMERICA  
LP

**FILED**  
**Mar 30, 2017**  
**Secretary of State**  
**CC1305863577**

**Current Principal Place of Business:**

100 N. BISCAYNE BOULEVARD  
SUITE 2100  
MIAMI, FL 33132

**Current Mailing Address:**

100 N. BISCAYNE BOULEVARD  
SUITE 2100  
MIAMI, FL 33132 US

**FEI Number: 81-4192072**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERZENTRALE LLC  
100 N. BISCAYNE BOULEVARD  
SUITE 2100  
MIAMI, FL 33132 US

*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 Detail :**

Document # P16000081579  
Name GD INSURANCE BROKER  
MANAGEMENT CORPORATION  
Address 100 N. BISCAYNE BOULEVARD, SUITE  
2100  
City-State-Zip: MIAMI FL 33132

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GD INSURANCE BROKER MANAGEMENT  
CORPORATION**

**GENERAL PARTNER**

**03/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date