

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 04, 2000 08:00 AM  
Secretary of State

DOCUMENT # A99000000851

1. Entity Name

JMS INSURANCE PARTNERSHIP, LTD.

Principal Place of Business

400 EAST SOUTH STREET, SUITE 500

ORLANDO  
32801

FL

Mailing Address

400 EAST SOUTH STREET, SUITE 500

ORLANDO  
32801

FL

2. Principal Place of Business

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO

FL

Zip  
32801

Country

3. Mailing Address

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

City & State

ORLANDO

FL

Zip  
32801

Country

4. FEI Number

59-3590695

Applied For

Not Applicable

5. 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  
400 EASTSOUTH STREET, SUITE 500

ORLANDO  
32801

FL

US

7. Name and Address of New Registered Agent

Name  
SENEFF TIMOTHY J

Street Address (P.O. Box Number is Not Acceptable)  
450 S. ORANGE AVENUE

City  
ORLANDO

FL

Zip Code  
32801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/04/2000

DATE

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

DOCUMENT #  
NAME INSURANCE PARTNERSHIP MANAGER #1, LLC  
STREET ADDRESS 400 EAST SOUTH STREET, SUITE 500  
CITY-ST-ZIP ORLANDO FL 32801

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL 32801

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
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, MANAGING MEMBER OF GP

02/04/2000