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To:

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Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 650-1065

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LIMITED PARTNERSHIP AMENDMENT

JMS INSURANCE PARTNERSHIP, LTD.

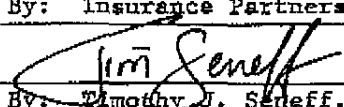
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**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP**The undersigned general partners of JMS Insurance Partnership, Ltd._____, a
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,
Florida Statutes.The total amount of the capital contributions of the limited partners is: \$ 10,000,000.00This 28 day of March, 2003**FURTHER AFFIANT SAYETH NOT.***Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the
best of my knowledge and belief.*

General Partner(s)

By: Insurance Partnership Manager, #1, LLC as General Partner
By: Timothy J. Seneff, Managing Member of General PartnerFILED
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03 MAR 28 AM 8:46**Fees:**\$7 per \$1000, based on additional
contributions

Minimum \$ 52.50

Maximum \$1750.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314