

Division of Corporations

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Florida Department of State
Division of Corporations
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5/26/99

To:

Division of Corporations
 Fax Number : (850) 922-4003

From: Karen L. DiDea (Direct Dial No. 407/418-6462)

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
 Account Number : 072720000036
 Phone : (407) 843-4600
 Fax Number : (407) 843-4444

26

CM

ATTORNEY NO. 424
 CLIENT NO. 914097
 MATTER NO. 64459

PLEASE FILE THE CERTIFICATE OF LIMITED PARTNERSHIP FOR
 DLS INSURANCE PARTNERSHIP, LTD. WITH AN EFFECTIVE
 FILING DATE OF 5/26/99.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA LIMITED PARTNERSHIP**DLS INSURANCE PARTNERSHIP, LTD.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$140.00

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CERTIFICATE OF LIMITED PARTNERSHIP
OF
DLS INSURANCE PARTNERSHIP, LTD.

The undersigned, hereby makes and files with the Secretary of State of the State of Florida, this Certificate of Limited Partnership for the purpose of forming a limited partnership for profit in accordance with the laws of the State of Florida.

1. NAME OF PARTNERSHIP. The name of the partnership shall be DLS INSURANCE PARTNERSHIP, LTD.

2. LOCATION OF PRINCIPAL PLACE OF BUSINESS. The principal place business of the partnership shall be located at 400 East South Street, Suite 500, Orlando, Florida 32801 or at such other place or places as the General Partner shall from time to time determine.

3. NAME AND ADDRESS OF THE AGENT FOR SERVICE OF PROCESS.

Timothy J. Seneff
400 East South Street, Suite 500
Orlando, Florida 32801

4. NAME AND BUSINESS ADDRESS OF THE GENERAL PARTNER.

Insurance Partnership Manager #2, LLC
400 East South Street, Suite 500
Orlando, Florida 32801

5. MAILING ADDRESS OF THE LIMITED PARTNERSHIP.

400 East South Street, Suite 500
Orlando, Florida 32801

This document was prepared by:

Loran A. Johnson, Esq.

Florida Bar Number: 339350

Lowndes, Drosdick, Doster, Kantor & Reed, P.A.

P. O. Box 2809

Orlando, Florida 32802-2809

(407) 843-4600

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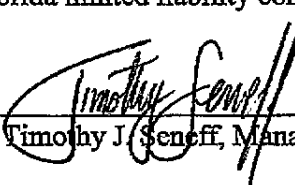
6. TERM. The partnership shall be dissolved on December 31, 2050, unless sooner dissolved and terminated prior to such date as provided in the Limited Partnership Agreement of the partnership.

EXECUTED this 22nd day of May, 1999.

GENERAL PARTNER

Insurance Partnership Manager #2, LLC,
a Florida limited liability company

By:


Timothy J. Seneff, Managing Member

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AFFIDAVIT OF LIMITED PARTNERS' CONTRIBUTIONS

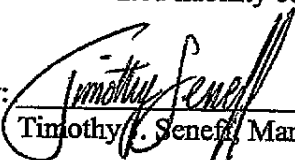
Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.108, the undersigned certifies that the capital contributions of the Limited Partners of DLS INSURANCE PARTNERSHIP, LTD. are \$900. No additional capital contributions by the Limited Partners are required.

FURTHER AFFLIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and know the contents thereof and the facts stated herein are true and correct.

EXECUTED this 22nd day of May, 1999.

GENERAL PARTNER
Insurance Partnership Manager #2, LLC
a Florida limited liability company

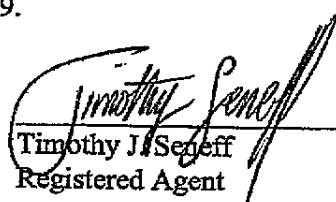
By: 
Timothy J. Seneff, Managing Member

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ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, Timothy J. Seneff, accepts his designation as Registered Agent for DLS INSURANCE PARTNERSHIP, LTD. and the obligations imposed on him as Registered Agent pursuant to the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Chapter 620.

EXECUTED this 22nd day of May, 1999.


Timothy J. Seneff
Registered Agent