

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 28, 2000 08:00 AM  
Secretary of State

DOCUMENT # A99000000852

1. Entity Name

DLS 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

3. Mailing Address

450 S. ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO

FL

City & State

ORLANDO

FL

Zip

32801

Country

Zip

32801

Country

4. FEI Number

59-3590697

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 EAST SOUTH STREET, SUITE 500

ORLANDO  
32801

FL

## 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)

03/28/2000

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	STREET ADDRESS	CITY-ST-ZIP
	INSURANCE PARTNERSHIP MANAGER #2, LLC	400 EAST SOUTH STREET, SUITE 500	ORLANDO FL 32801
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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

MGR 03/28/2000