

A9900 0000852

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

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

LIMITED PARTNERSHIP AMENDMENT

DLS INSURANCE PARTNERSHIP, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$493.87

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**SUPPLEMENTAL AFFIDAVIT OF
LIMITED PARTNERS' CONTRIBUTION**

Pursuant to the provisions of the Florida Revised Uniform Limited Partnership Act, Florida Statutes, Section 620.112, the undersigned, after first being duly sworn, deposes and says that the capital contributions of the Limited Partners of DLS INSURANCE PARTNERSHIP, LTD. (Document No.: A99000000852) have been increased by Sixty Three Thousand, Fifty Three Dollars and Twenty-Nine Cents (\$63,053.29) from Nine Hundred Dollars (\$900.00) to Sixty Three Thousand, Nine Hundred Fifty Three Dollars and Twenty-Nine Cents (\$63,953.29).

No Limited Partner shall at any time be required to make any contribution to the Partnership in addition to the amount which he has contributed.


Dated: April 3, 2002.

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:

INSURANCE PARTNERSHIP
MANAGER #2, LLC, a Florida
Limited Liability Company

By:


Timothy J. Senoff, Managing Member

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