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Division of Corporations

Fax Number

: (850)205-0383

From:

LINDA A. SCARCEDO

Account Name

: CNL FINANCIAL GROUP, INC.

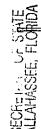
Account Number : 113615003626

Phone

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## DISS/TERM/CANCEL/REV OF LP/LLP

## DLS INSURANCE PARTNERSHIP, LTD.

Certificate of Status	0
Certified Copy	1
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## CERTIFICATE OF DISSOLUTION FOR DLS INSURANCE PARTNERSHIP, LTD.

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on May 26, 1999, hereby submits this Certificate of Dissolution.

The General Partner has been directed and authorized to dissolve the Partnership. As a result the Partnership has been dissolved, all distributions and obligations resolved.

EXECUTED this 10th day of Deptember, 2007

GENERAL PARTNER

INSURANCE PARTNERSHIP MANAGER #2, LLC

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Manager

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