

03/28/03

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To:

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

From:

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

VISION OF CORPORATION

03 MAR 31 AM 7:36

RECEIVED

LIMITED PARTNERSHIP AMENDMENT

DLS INSURANCE PARTNERSHIP, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,750.00

03 MAR 28 AM 8:20
SECRETARY OF STATE
ALL AMASSEES, FLORIDA

AND
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UP
3-31-03

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of DLS Insurance Partnership, Ltd.

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: \$ 10,000,000.00.

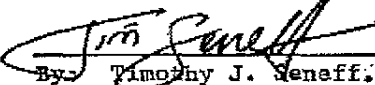
This 28 day of March, 2003.

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 #2, LLC as General Partner


By: Timothy J. Seneff, Managing Member of General Partner

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

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