## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 04, 2000 08:00 AM DOCUMENT # A9900000853 1. Entity Name **Secretary of State** JMS & DLS INSURANCE PARTNERSHIP, LTD. Principal Place of Business Mailing Address · 400 EAST SOUTH STREET, SUITE 500 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL ORLANDO FL 32801 32801 2. Principal Place of Business 3. Mailing Address 450 S. ORANGE AVENUE 450 S. ORANGE AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO ORLANDO 59-3590659 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32801 32801 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIMOTHY J TIMOTHY SENEFF 400 EAST SOUTH STREET, SUITE 500 Street Address (P.O. Box Number is Not Acceptable) 450 S. ORANGE AVENUE ORLANDO FL32801 City Zip Code ORLANDO 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. 02/04/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE\_Registered Agent signature required when reinstating) 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATES 10. Amount of Capital Contributions as Shown on record. 900.00 in FLORIDA to date. 900,00 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS 450 S. ORANGE AVENUE VALAF INSURANCE PARTNERSHIP MANAGER #3, LLC STREET ADDRESS 400 EAST SOUTH STREET, SUITE 500 CITY-ST-ZIP ORLANDO FT. 32801 CITY-ST-7IP ORLANDO $\mathbf{FL}$ 32801 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS VAME 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

TIMOTHY I CENTER MANACING MEMBER OF CD

CITY-ST-ZIP