

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 08:00 AM****Secretary of State****DOCUMENT # A99000000853**

1. Entity Name

JMS & DLS INSURANCE PARTNERSHIP, LTD.

Principal Place of Business

450 S. ORANGE AVENUE

ORLANDO
32801

FL

Mailing Address

450 S. ORANGE AVENUE

ORLANDO
32801

FL

2. Principal Place of Business

3. Mailing Address

POST OFFICE BOX 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

ORLANDO

FL

4. FEI Number

59-3590659

Applied For

Not Applicable

Zip

Country

Zip

Country

32802

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENEFF TIMOTHY J

450 S. ORANGE AVENUE

ORLANDO

FL

32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

03/02/2001

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME INSURANCE PARTNERSHIP MANAGER #3, LLC
STREET ADDRESS 450 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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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, JR., MANAGING MEMBER

MGR

03/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)