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From:

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

DIVISION OF CORPORATION

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LIMITED PARTNERSHIP AMENDMENT

JMS & DLS INSURANCE PARTNERSHIP, LTD.

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

TALLAHASSEE, FLORIDA

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

The undersigned general partners of JMS & 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 Manager #3, 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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