I hereby certify that the information indicated on this report or supplemental report is true and acc oath; that I am a general partner of the limited partnership or the receiver or trustee empowered t appears above, or on an attachment with all other like empowered.		
SIGNATURE: JOEL ZYCHICK	GP	02/28/2023

SIGNATI	IRE I	OFL	ZYCHICK	

Electronic Signature of Signing General Partner Detail

Certificate of Status Desired: No

SIGNATURE: JOEL ZYCHICK 02/28/2023 Date Electronic Signature of Registered Agent **General Partner Detail :** Document # Document # Name ZYCHICK, JOEL Name STEINBERG, DAVID Address 400 S POINTE DRIVE, UNIT 404 Address 400 S POINTE DRIVE, UNIT 404 City-State-Zip: MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 City-State-Zip: Document # Name SIEGEL, DIANE 400 S POINTE DRIVE, UNIT 404 Address City-State-Zip: MIAMI BEACH FL 33139

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.

MIAMI BEACH. FL 33139

Current Principal Place of Business:

FEI Number: 35-2535215

Name and Address of Current Registered Agent:

Current Mailing Address: 1521 ALTON ROAD

400 S POINTE DRIVE, UNIT 404

BOX 676 MIAMI BEACH, FL 33139 US

ZYCHICK, JOEL 400 S POINTE DRIVE, UNIT 404 MIAMI BEACH, FL 33139 US

2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A1600000177

Entity Name: DIANE SIEGEL FAMILY LIMITED PARTNERSHIP

FILED Feb 28, 2023 Secretary of State 9430840037CC

Date