LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A32211

1. Entity Name

Max Siegel Trusts, Ltd.

DO NOT WRITE IN THIS SPACE

FILED

02 NOV 22 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O Estelle D. Siegel	C/O myCFO, Inc.
Suite, Apt. #, etc.: 3160 Burgundy Drive,N	Suite, Apt. #, etc.: 3455 Peachtree Road, Ste 500
City & State: Palm Beach Gardens,FL	City & State: Atlanta, GA
Zip: 33410 Country: USA	Zip: 30080 Country: USA

DUE BY MAY 1

4. FEI Number: 65-0310825 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Estelle D. Siegel

Street Address (P.O. Box Number is Not Acceptable): 3160 Burgundt Drive, North

City: Palm Beach Gardens **FL** Zip Code: 33410

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$21,211,995	$22,201,778	

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

DOCUMENT #		STREET ADDRESS	
NAME	Estelle D. Siegel	CITY-ST-ZIP	
STREET ADDRESS	LMS Dec Tr FBO K. Fischer		
CITY-ST-ZIP	3160 Burgundy Drive, North ~~Palm Beach Gardens, FL 33410~~	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	100033700021 12/05/02--01026--001 **526.25
NAME	Estelle D. Siegel		
STREET ADDRESS	LMS Dec Tr FBO J. Siegel		
CITY-ST-ZIP	See address listed above		
DOCUMENT #		STREET ADDRESS	
NAME	Estelle D. Siegel	CITY-ST-ZIP	DO NOT WRITE
STREET ADDRESS	LMS Dec Tr FBO B. Richardson		
CITY-ST-ZIP	See address listed above	STREET ADDRESS	IN THIS SPACE
DOCUMENT #		CITY-ST-ZIP	
NAME			
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003B (12/01)

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: Estelle D. Siegel 11/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #