

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**Mar 17, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A32211</b> 1. Entity Name <b>MAX SIEGEL TRUSTS, LTD.</b>	
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Principal Place of Business <b>C/O ESTELLE D. SIEGEL 3160 BURGUNDY DRIVE, NORTH PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>C/O MYCFO, INC. 3348 PEACHTREE ROAD, SUITE 500 ATLANTA GA 30080</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number <b>65-0310825</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SIEGEL, ESTELLE D 3160 BURGUNDY DRIVE, NORTH PALM BEACH GARDENS FL 33410</b>		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$50,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>23,047,596</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #		STREET ADDRESS	
NAME	<b>SIEGEL, ESTELLE D TRUSTEE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>3160 BURGUNDY DR., NORTH</b>		
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>		
DOCUMENT #		STREET ADDRESS	<b>U00000096383</b>
NAME	<b>SIEGEL, ESTELLE D TRUSTEE</b>	CITY-ST-ZIP	<b>03/25/04-80027-008 526.25</b>
STREET ADDRESS	<b>3160 BURGUNDY DR., NORTH</b>		
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>SIEGEL, ESTELLE D TRUSTEE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>3160 BURGUNDY DR., NORTH</b>		
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>		
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Estelle D. Siegel* *3/2/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #