

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUN -3 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A93000000345

MAJESTIC PARTNERS OF VERO BEACH, LTD.

Mailing Address  
1235 WINDING OAKS CIR  
VERO BEACH FL 32963

Principal Office Address  
C/O MIP MANAGEMENT CORPORATION  
1860 NORTH CONGRESS AVENUE  
WEST PALM BEACH FL

3. Date Formed or Registered  
04/05/1993

5a. Capital Contributions as  
Shown on record.  
\$2,000,000.00

3a. Date of Last Report  
01/03/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation  
FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number  
65-0403172

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

BRION, JACQUES  
C/O MIP MANAGEMENT CORPORATION  
1860 NORTH CONGRESS AVENUE  
WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
300002637703-3  
Suite, Apt. #, etc. -09/11/98-01085-024  
City \*\*\*1026-25 \*\*\*1026-25  
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

MIP MANAGEMENT CORPORATION  
SWISS AMERICAN INVESTMENT CO

1860 NORTH CONGRESS A  
1860 NORTH CONGRESS A

WEST PALM BEACH FL 33  
WEST PALM BEACH FL 33

L25767  
K39051 4/3

*up backdated  
due to  
clerical error*

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 7-23-98

Typed or Printed Name of General Partner Signing Form

JACQUES BRION

Daytime Telephone Number

561-231-9838

0825003 142907