

2001 UNIFORM BUSINESS REPORT (UBR)

0012863
NF

DOCUMENT # A93000000345
 1. Entry Name
MAJESTIC PARTNERS OF VERO BEACH, LTD.

FILED

01 MAY -3 PM 12: 03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business Mailing Address
C/O MIP MANAGEMENT CORPORATION 1235 WINDING OAKS CIR
1860 NORTH CONGRESS AVENUE VERO BEACH FL 32963
WEST PALM BEACH FL

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0403172** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BRION, JACQUES
C/O MIP MANAGEMENT CORPORATION
1860 NORTH CONGRESS AVENUE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record **\$2,000,000.00**
 10. Amount of Capital Contributions in FLORIDA to date.
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	L25767
NAME	MIP MANAGEMENT CORPORATION
STREET ADDRESS	1860 NORTH CONGRESS AVE.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	K39051
NAME	SWISS AMERICAN INVESTMENT CORPORATION
STREET ADDRESS	1860 NORTH CONGRESS AVE.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: _____ **04-05-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)