

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A93000000345**

1. Entity Name  
**MAJESTIC PARTNERS OF VERO BEACH, LTD.**



FILED

03 APR 22 PM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**C/O MIP MANAGEMENT CORPORATION  
1860 NORTH CONGRESS AVENUE  
WEST PALM BEACH FL**

Mailing Address  
**1235 WINDING OAKS CIR  
VERO BEACH FL 32963**

2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0403172</b>	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BRION, JACQUES C/O MIP MANAGEMENT CORPORATION 1860 NORTH CONGRESS AVENUE WEST PALM BEACH FL 33401</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$2,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	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 #	L25767	STREET ADDRESS	
NAME	MIP MANAGEMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	1860 NORTH CONGRESS AVE.		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
DOCUMENT #	K39051	STREET ADDRESS	200016685972
NAME	SWISS AMERICAN INVESTMENT CORPORATION	CITY-ST-ZIP	04/22/03--01058--004 **526.25
STREET ADDRESS	1860 NORTH CONGRESS AVE.		
CITY-ST-ZIP	WEST PALM BEACH FL 33401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ **4/15/03** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF2E003 (10/02)

STAPLE CHECK HERE