

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

**DOCUMENT # A26345**  
 1. Entity Name  
**MAJESTIC INCOME PROPERTIES LIMITED PARTNERSHIP**

Principal Place of Business  
 1860 NORTH CONGRESS AVENUE  
 WEST PALM BEACH FL 33401

Mailing Address  
 1860 NORTH CONGRESS AVENUE  
 WEST PALM BEACH FL 33401-1604



2. Principal Place of Business  
 4411 Beacon Circle  
 Suite, Apt. #, etc. Suite 1B  
 City & State West Palm Beach FL  
 Zip 33407 Country USA

3. Mailing Address  
 4411 Beacon Circle  
 Suite, Apt. #, etc. Suite 1B  
 City & State West Palm Beach FL  
 Zip 33407 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1787989** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**BRION, JACQUES**  
 C/O REMI CONSULTING, INC.  
 1860 NORTH CONGRESS AVENUE  
 WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent  
 Name **Jacques Brion % Remi Consulting**  
 Street Address (P.O. Box Number is Not Acceptable) **4411 Beacon Circle - Suite 1B**  
 City **West Palm Beach FL** Zip Code **33407**

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 board applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,760,000.00**

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 #                      | <b>J44249</b>                   |
| NAME                            | <b>REMI CONSULTING, INC.</b>    |
| STREET ADDRESS                  | <b>1860 NORTH CONGRESS AVE.</b> |
| CITY - ST - ZIP                 | <b>W. PALM BEACH FL 33401</b>   |
| DOCUMENT #                      |                                 |
| NAME                            |                                 |
| STREET ADDRESS                  |                                 |
| CITY - ST - ZIP                 |                                 |
| 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           | <b>4411 Beacon Circle, Suite 1B</b> |
| CITY - ST - ZIP          | <b>West Palm Beach FL 33407</b>     |
| STREET ADDRESS           |                                     |
| CITY - ST - ZIP          |                                     |
| STREET ADDRESS           |                                     |
| CITY - ST - ZIP          |                                     |
| STREET ADDRESS           |                                     |
| CITY - ST - ZIP          |                                     |
| STREET ADDRESS           |                                     |
| CITY - ST - ZIP          |                                     |
| STREET ADDRESS           |                                     |
| CITY - ST - ZIP          |                                     |

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**\*\*\*\*526.25 \*\*\*\*526.25**

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~~ **04.24.00** 561.842.9600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #