

# 2001 UNIFORM BUSINESS REPORT (UBR)

0006991 AF

**DOCUMENT # A26345**

1. Entity Name

**MAJESTIC INCOME PROPERTIES LIMITED PARTNERSHIP**

APPROVED  
AND  
FILED

01 APR 30 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4411 BEACON CIRCLE, SUITE 1B WEST PALM BEACH FL 33407</b>	Mailing Address <b>4411 BEACON CIRCLE, SUITE 1B WEST PALM BEACH FL 33407</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

4. FEI Number <b>59-1787989</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

**BRION, JACQUES  
4411 BEACON CIRCLE, SUITE 1B  
C/O RIMI CONSULTING  
WEST PALM BEACH FL 33407**

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$1,760,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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

DOCUMENT #	<b>J44249</b>
NAME	<b>REMI CONSULTING, INC.</b>
STREET ADDRESS	<b>4411 BEACON CIRCLE, SUITE 1B</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33407</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>790004221827--4</b>
CITY-ST-ZIP	<b>-05/17/01--01031--014</b>
	<b>***526.25 ***526.25</b>

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4/25/01

Daytime Phone # \_\_\_\_\_

CR2E003 (11/00)