

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001756 AT

DOCUMENT # A26345 1. Entity Name MAJESTIC INCOME PROPERTIES LIMITED PARTNERSHIP	
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FILED
 03 APR 24 AM 9:01
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

Principal Place of Business 4411 BEACON CIRCLE, SUITE 1B WEST PALM BEACH FL 33407	Mailing Address 4411 BEACON CIRCLE, SUITE 1B WEST PALM BEACH FL 33407
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2. Principal Place of Business	3. Mailing Address			DUE BY MAY 1, 2003
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State	City & State	4. FEI Number 59-1787989	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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
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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. \$1,760,000.00	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 # J44249 NAME REMI CONSULTING, INC. STREET ADDRESS 4411 BEACON CIRCLE, SUITE 1B CITY-ST-ZIP WEST PALM BEACH FL 33407	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-weight: bold;">500016980545</div> <div style="text-align: center; font-size: small;">04/24/03 01086-015 **526.25</div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 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: SIGNATURE REBRON 4/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE