

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 2004 APR 26 AM 9:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A93000000345 1. Entity Name MAJESTIC PARTNERS OF VERO BEACH, LTD.					
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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0403172	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRION, JACQUES C/O MIP MANAGEMENT CORPORATION 1860 NORTH CONGRESS AVENUE WEST PALM BEACH, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) 400036207044 05/14/04--01007--008 **526.25 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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	1235 Winding Oaks Circle	
NAME	MIP MANAGEMENT CORPORATION		CITY-ST-ZIP	Vero Beach Fl. 32963	
STREET ADDRESS	1860 NORTH CONGRESS AVE.				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401				
DOCUMENT #	K39051		STREET ADDRESS		
NAME	SWISS AMERICAN INVESTMENT CORPORATION		CITY-ST-ZIP		
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					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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:			4/23/04 (712) 231-9820		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE