

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

001704 AT

DOCUMENT # **A95000001640**

1. Entity Name

INTER PAGE LIMITED PARTNERSHIP

02 APR 22 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

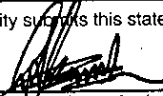


Principal Place of Business 618 NORTH US HIGHWAY ONE, SUITE 200 NORTH PALM BEACH FL 33408	Mailing Address 618 NORTH US HIGHWAY ONE, SUITE 200 NORTH PALM BEACH FL 33408
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2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0620385	Applied For <input type="checkbox"/> 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			7. Name and Address of New Registered Agent				
DEWEES, LEDYARD H 3100 S. DIXIE HIGHWAY, SUITE 17 BOCA RATON FL 33432			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.

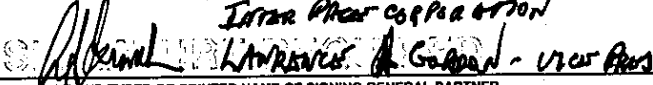
SIGNATURE  DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$50,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000049991 INTER PAGE CORPORATION 618 NORTH US HIGHWAY ONE, SUITE 200 NORTH PALM BEACH FL 33408	STREET ADDRESS	350.00 - Up
DOCUMENT #		CITY-ST-ZIP	88.75 - Adm
DOCUMENT #		STREET ADDRESS	300005362043--8
DOCUMENT #		CITY-ST-ZIP	-04/29/02--01021--025
DOCUMENT #		STREET ADDRESS	***438.75 ***438.75
DOCUMENT #		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		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:  DATE: **4/19/02** (261)844-7900 ext 154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (9/01)