

**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Mar 21, 2008 08:00 A
Secretary of State**

DOCUMENT # A95000001640

1. Entity Name
INTER PAGE LIMITED PARTNERSHIP



Principal Place of Business
7354 CENTRAL INDUSTRIAL DR., #110A
RIVIERA BEACH, FL 33404

Mailing Address
7354 CENTRAL INDUSTRIAL DR., #110A
RIVIERA BEACH, FL 33404



01072008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0620385

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

DEWEES, LEDYARD H
3100 S. DIXIE HIGHWAY, SUITE 17
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**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 #	P95000049991
NAME	INTER PAGE CORPORATION
STREET ADDRESS	7354 CENTRAL INDUSTRIAL DR. #110A
CITY - ST - ZIP	RIVIERA BEACH, FL 33404
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000866560
04/08/08-80033-011 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Day, mo Phone #

3/18/08