


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001821 AT

DOCUMENT # A95000001640	
1. Entity Name INTER PAGE LIMITED PARTNERSHIP	

FILED
03 APR 29 PM 12:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA
DLJH

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 7354 Central Industrial Dr.	3. Mailing Address 7354 Central Industrial Dr.
Suite, Apt. #, etc. 110A	Suite, Apt. #, etc. 110A
City & State Riviera Beach, FL	City & State Riviera Beach, FL
Zip 33404	Zip 33404
Country Palm Beach	Country Palm Beach

DUE BY MAY 1, 2003

4. FEI Number 65-0620385	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$50,000.00	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 # P95000049991	NAME INTER PAGE CORPORATION	STREET ADDRESS 618 NORTH US HIGHWAY ONE, SUITE 200	CITY-ST-ZIP NORTH PALM BEACH FL 33408
DOCUMENT #	NAME	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: LAWRENCE B. GORDON 4/25/03 (271) 844-7900	SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
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CR2E003 (10/02)

STAPLE CHECK HERE