

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001640

1. Entity Name
INTER PAGE LIMITED PARTNERSHIP



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

2. Principal Place of Business

7354 Central Industrial Dr
Suite, Apt. #, etc.
110A

3. Mailing Address
7354 Central Industrial Dr.
Suite, Apt. #, etc.
110A

FILED

03 APR 29 PM 12:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA



4/29
DUE BY MAY 1, 2003

City & State

Riviera Beach, FL

Zip
33404

City & State

Riviera Beach, FL

Zip
33404

Country
Palm Beach

Applied For
Not Applicable

6. Name and Address of Current 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. 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

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

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

CITY-ST-ZIP

9000017230710
04/29/03--01017--005 **438.75

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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.

LAWRENCE B. GORDON
WIC-PROT or 2000 PRO

4/25/03 (281) 844-7900

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE

0011821 AT