


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
Jun 14, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A25013**  
1. Entity Name  
**ORGALOGIC LTD.**



Principal Place of Business  
**25 SEABREEZE AVENUE, SUITE 302  
DELRAY BEACH, FL 33483**

Mailing Address  
**25 SEABREEZE AVENUE, SUITE 302  
DELRAY BEACH, FL 33483**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



02172004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0081931**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PAULOVITS, IMRE  
25 SEABREEZE AVENUE, #302  
DELRAY BEACH, FL 33483**

**7. Name and Address of New Registered Agent**

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 *Paulovits* **6-7-04**  
Signature, typed or printed name of registered agent and date if applicable. DATE

9. Capital Contributions as Shown on record. **\$196,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P41010 ORGALOGIC MANAGEMENT INC 25 SEABREEZE AVE., #201 DELRAY BEACH, FL</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	<b>000000162583 06/16/04-80001-007 526.25</b>
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STAPLE CHECK HERE

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:** *Paulovits* **6-7-04** **561-243-6330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #