


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Feb 16, 2005 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02092005 Chg-LP CR2E003 (10/03)

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

9. Capital Contributions as Shown on record. \$196,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$526²⁵
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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	P41010 ORGALOGIC MANAGEMENT INC 25 SEABREEZE AVE., #201 DELRAY BEACH, FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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02/16/05-800011-024 \$26.25

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: *[Signature]* **2/10/05 561-243-6330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #