FILE OF OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

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	A9500000018				
VERTILUX LIMITED					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a, Capital Contributions as Shown on record.	
8953 N.W. 23RD STREET	8953 N.W. 23RD STREET MIAMI FL 33172		12/16/1994	\$99,100.00	
MIAMI FL 33172			3a. Date of Last Report 10/17/1997	5b. Amount of Capital	
2. Majking Add Ass (4) (4)	2a, Principal Office Address		4. State or Country of Formation	Contributions in FLORIDA to date	
Sund Apt. #. etc. 2665 SOUTH BAYSHOUS D.L. City & State			6. FE! Number 65-0540437	Applied For Not Applicable	
MIAMI FC 33 133	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country (1, S, A).	Zip	Country	8. Make check payable to: Dept. c	Fee Required f State (See reverse side for fee information)	
9. Name and Address of Current	Registered Agent	<u> </u>	10. If changed, new Registered	Agent/Office	
MIAMI FL 33133 10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	egistered agent or both, in the State of Flori of section 620.192, Florida Statutes.	d limited partners da Such change	TE 703 AM. Ampriganized or registered under the laws of the was authorized by its general partner(s). There WICE MES. DATE PARTNERSHIP OR OTH	by accept the appointment of registered $2/2-4/9$	
11. Name(s) of General Partner(s)	Address of Each General 11a. (Do NOT Use Post Office Box		11b. City, State & Zip Code	11c. Registration/ Document Number	
VERTILUX MANAGEMENT, INC.	8953 NORTHWEST 23RD S		MIAMI FL 33172	P9500000731	
			90002 -03/09 ****5	7319919- 3 /3301083018 26.25 ****\$26.25	
Note: General partners MAY NOT	he changed on this form	an am	ndmont must be filed to sh		
Note: General partners MAY NOT 12. I do hereby certify that the information supplied with this from any liability of non-compliance with Section 119.0	s filing is voluntarily furnished and does not o	qualify for the exe	imption stated in Section 119 07(3)(k), Florida S	tatutes. I release the Division of Corporation:	

is true and accurate and that my signature shall have these same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida, features.

SIGNATURE

Typed or Printed Name of General Partner Signing Form JUSE MANUEL BELSOL, Mass. Daytime Telephone Number (305) 593-9494