


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAY 26 AM 9:47

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|---|---------------------------|--|--|---|--|
| DOCUMENT # A95000000018 1. Entity Name VERTILUX LIMITED | | | |  | |
| Principal Place of Business 7300 NW 35TH TERRACE MIAMI, FL 33122 | | | Mailing Address C/O RICHARDS 2665 S BAYSHORE DR #703 MIAMI, FL 33133 | | |
| 2. Principal Place of Business Suite, Apt #, etc. City & State Zip | | 3. Mailing Address 2665 S. Bayshore Drive Suite 703 Miami, FL 33133 | | 4. FEI Number 65-0540437 | |
| Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent POLANSKY, MITCHELL S 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 | | | | 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 _____ <small>Signature, typed or printed name of registered agent, and date if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 | | | | | |
| 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 # | P95000000731 | | STREET ADDRESS | | |
| NAME | VERTILUX MANAGEMENT, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 7300 NW 35TH TERRACE | | | | |
| CITY-ST-ZIP | MIAMI, FL 33122 | | | | |
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| CITY-ST-ZIP | | | | | |

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Jose Manuel Belsoi

4/26/06

(305) 858-9900

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #