2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:47

DOCUMENT # A95000000018

1. Entity Name
VERTILUX LIMITED

Principal Place of Business	Mailing Address
7300 NW 35TH TERRACE MIAMI, FL 33122	C/O RICHARDS 2665 S BAYSHORE DR #703 MIAMI, FL 33133

04252006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
	2665 S. Bayshore Drive
Suite, Apt #, etc	Suite, Apt #, etc. Suite 703
City & State	City & State Miami, FL
Zip / Country	Zip / Country 33133 / USA

4. FEI Number
65-0540437
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLANSKY, MITCHELL S 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133	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.

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		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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.

SIGNATURE: Jose Manuel Belsol 4/26/06 (305) 858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #