


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 MAY -7 AM 9:03

<b>DOCUMENT # A95000000018</b>					
1. Entity Name <b>VERTILUX LIMITED</b>					
Principal Place of Business <b>7300 NW 35TH TERRACE MIAMI, FL 33122</b>			Mailing Address <b>2665 S BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt #, etc		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0540437</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>POLANSKY, MITCHELL S 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P95000000731		STREET ADDRESS		
NAME	VERTILUX MANAGEMENT, INC.		CITY-ST-ZIP	700129465577	
STREET ADDRESS	7300 NW 35TH TERRACE			05/14/08--01024--025 **1877.50	
CITY-ST-ZIP	MIAMI, FL 33122				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
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: <u>Jose Manuel Belso</u> Date: <u>4/30/08</u> (305) 858-9900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

5/7/08