2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
05 MAY -4 PM 5:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001985

1. Entity Name
VERTILUX PROPERTIES LIMITED

Principal Place of Business	Mailing Address
7300 NW 35TH TERRACE MIAMI, FL 33122	2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133

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04262005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite Apt # etc		Suite Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0868246 ☐ 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
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133	Name Mitchell S. Polansky Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive, #703 City Miami FL Zip Code 33133

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 Mitchell S. Polansky 4/29/05
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record $636,259.80

10. Amount of Capital Contributions in FLORIDA to date

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		
STREET ADDRESS	7300 NW 35TH TERRACE	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33122		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	600054318576 05/12/05--01002--019 **2002.50
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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: Jose Manuel Bersol 4/29/05 (305) 858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #