

2005 LIMITED PARTNERSHIP ANNUAL REPORT

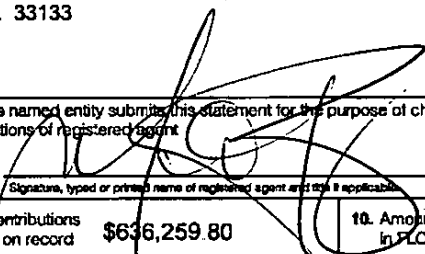
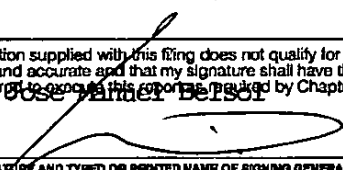
Due By May 1, 2005

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

Roberts MAY 12 2005



04262005 Chg-LP CR2E003 (10/03)

DOCUMENT # A98000001985					
1. Entity Name VERTILUX PROPERTIES LIMITED					
Principal Place of Business 7300 NW 35TH TERRACE MIAMI, FL 33122			Mailing Address 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133		
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 			DATE Mitchell S. Polansky 4/29/05		
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		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					
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 prepare this report as provided by Chapter 620, Florida Statutes.					
SIGNATURE: 			Date 4/29/05 (305) 858-9900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Day/Mo/Yr Phone #		

STAPLE CHECK HERE

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