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(Requestor's Name)			
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☐ WAIT	MAIL		
(Business Entity Name)			
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_ Certificates	of Status		
Special Instructions to Filing Officer:			
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NO 1432

TRANSMITTAL LETTER

TO: Registration S Division of C				
SUBJECT:	ROBO PARTNERS	LTD.		
	(Name of Limited	Partnership)		
The enclosed Supplem	ental Affidavit and fee(s) are submitte	d for filing.		
Please return all corres	spondence concerning this matter to th	e following:		
	ROBERT S (Name of P	MITH erson)		
	ROBO PART (Firm/Com		<u> </u>	
	431 WHITE CEDA (Addres			
DELRAY BEACH, FL 33445 (City/State and Zip Code)				
For further information	n concerning this matter, please call:			
	SCHNE IDER (Name of Person)	at (212_) <u>840-6444</u> (Area Code & Daytime Telephon	2015 APR 26 MIIO: 08 ECRETARY OF STATE ELAHASSEE, FLORIE	
Regi Divi 409	REET ADDRESS: istration Section sion of Corporations E. Gaines Street ahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	EE FLORIEN	

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of	
ROBO PARTNERS TD. Florida Limited Partnership, executed this supplemental affidavit Florida Statutes.	filed pursuant to section 620.112,
The total amount of the capital contributions of the limited partners	s is: \$ <u>100,000</u> +c. 780,171,00
This 5 day of APRIL	·2005·
FURTHER AFFLANT SAYETH NOT.	
Under penalties of perjury, I declare that I have read the foregoing best of my knowledge and belief.	g and that the facts are true, to the
General Partner(s)	
ROBERT SMITH & Solut Plus	at
ROSLYN SMITH X Cody Suin	<u></u>
HOWARD SMITH & Round Smith	a., S
PENNY NOVICK > PENNY NOVICK	vick SIPR 26
	- 18 Ta
Fees: \$7 per \$1000, based on additional contributions Minimum \$ 52.50	E 00 08
Maximum \$1750.00	1.1

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314