

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 APR 26 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A00000001432

1. Entity Name  
ROBO PARTNERS LTD.



Principal Place of Business  
4381 WHITE CEDAR LANE  
DELRAY BEACH, FL 33445

Mailing Address  
4381 WHITE CEDAR LANE  
DELRAY BEACH, FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122004

Chg-LP

CR2E003 (10/03)

4. FEI Number

13-4127273

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

SMITH, ROBERT  
4381 WHITE CEDAR LANE  
DELRAY BEACH, FL 33445

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record.

\$680,171.00

10. Amount of Capital Contributions  
in FLORIDA to date.

680,171.00

**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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SMITH, ROBERT  
4381 WHITE CEDAR LANE  
DELRAY BEACH, FL 33445

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SMITH, ROSLYN  
4381 WHITE CEDAR LANE  
DELRAY BEACH, FL 33445

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SMITH, HOWARD  
5 DEEPWOOD COURT  
OLD WESTBURG, NY 11568

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SMITH, PENNY  
2 PARTRIDGE LANE  
OLD WESTBURG, NY 11568

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Robert Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/19/04

561-498-0124

STAPLE CHECK HERE