



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

<b>DOCUMENT # A00000001432</b> 1. Entity Name <b>ROBO PARTNERS LTD.</b>						<div style="text-align: right;">             2005 APR 26 AM 10:09              SECRETARY OF STATE              TALLAHASSEE, FLORIDA           </div>	
Principal Place of Business <b>4381 WHITE CEDAR LANE          DELRAY BEACH, FL 33445</b>				Mailing Address <b>4381 WHITE CEDAR LANE          DELRAY BEACH, FL 33445</b>			
2. Principal Place of Business		3. Mailing Address				 04042005 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>13-4127273</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SMITH, ROBERT          4381 WHITE CEDAR LANE          DELRAY BEACH, FL 33445</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>			
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>							
9. Capital Contributions as Shown on record. <b>780,171</b>				10. Amount of Capital Contributions in FLORIDA to date. <b>\$780,171.00</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 #	NAME			STREET ADDRESS	<b>600052147826</b> <b>04/26/05--01061--015 **526.25</b>		
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date: <b>4/11/05</b> Daytime Phone #: <b>501 498 0124</b>			

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