

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 15, 2008 08:00 AM
Secretary of State

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**



01262008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

**LAVORIE, ROGER
9960 PINEAPPLE TREE DRIVE BLDG #1 APT 203
BOYTON BEACH, FL 33436**

**DO NOT WRITE
IN THIS SPACE**

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

Roger R. Laviorie

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

2/9/08
DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**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
**ESTATE OF ROBERT SMITH
4381 WHITE CEDAR LANE
DELRAY BEACH, FL 33445**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ESTATE OF ROSLYN SMITH
4381 WHITE CEDAR LANE
DELRAY BEACH, FL 33445**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SMITH, HOWARD
5 DEEPWOOD COURT
OLD WESTBURY, NY 11568**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**SMITH, PENNY
2 PARTRIDGE LANE
OLD WESTBURY, NY 11568**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000830129
02/26/08-80071-008 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Howard Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/9/08

Date

Daytime Phone #

STAPLE CHECK HERE