


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 22 AM 10:40

DOCUMENT # A05000001763

1. Entity Name
 ZAMAS HOLDINGS, LLLP




Principal Place of Business Mailing Address
 6840 S.W. 81 TERRACE 6840 S.W. 81 TERRACE
 MIAMI, FL 33143 MIAMI, FL 33143

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03202008 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-3502114 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name CLEMENT ZANZURI
 Street Address (P.O. Box Number is Not Acceptable)
 6840 SW 81 TERRACE
 City MIAMI FL Zip Code 33143

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 *CLEMENT ZANZURI* DATE *4/10/08*

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

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	ZANZURI, CLEMENT
STREET ADDRESS	6840 S.W. 81 TERRACE
CITY-ST-ZIP	MIAMI, FL 33143
DOCUMENT #	
NAME	MASSIRMAN, JAY
STREET ADDRESS	6840 S.W. 81 TERRACE
CITY-ST-ZIP	MIAMI, FL 33143
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	100125021821
CITY-ST-ZIP	04/22/08--01016--022 **500.00
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 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

STAPLE CHECK HERE

SIGNATURE: *CLEMENT ZANZURI* DATE *4/10/08* Daytime Phone # *305-666-6676*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER