2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

STAPLE CHECK HERE

DOCUMENT # A95000002014 1. Entity Name				FILED	
SYNAMAK HOLDINGS, LTD.				2007 MAR -7 AM 10: 37	
Principal Place of Business Mailing Address		<u>-</u> l-			
752 W. FLAGLER ST. 752 W. FLAGLER ST. STE. 105 STE. 105 MIAMI FL 33130 MIAMI FL 33130				SECRETARY OF STATE	
Principal Place of Business - No P.O. Box # Mailing Address				10210 1515 16161 8211 6611 6611 6611 6611 6611 1611 6516 1161 5515 61 1667	
Suite, Apt. #, etc. Suite, Apt. #, etc.			1st MOORE CR2E003 (10/06)		
City & State City & State				4. FEI Number Applied For 65-0632516 Not Applicable	
Zip Country	Zip	Countr	у	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name 16. L. L.		
EDANIC DEDNICE E			Mareann Klop		
FRANK, BERNICE E 752 W. FLAGLER ST. STE. 105			Street Address (P.O. Box Number is Not Acceptable) 752 West Flagler St #105		
MIAMI FL 33130			City Museu FL Zip Code 33, 3D		
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 / WAKMAN KLOT Regulation of the strength of the stre				3/5/01 DATE	
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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	RINFORMATION	13.		ADDRESS CHANGES ONLY	
NAMI EDANIK LECTED H			ADDRESS	~ 4	
SIRELLADDRISS ZEDAM CLACLED CT. CTE 406		CITY	N 700		
CITY SEZIP MIAMI FL 33130	· ·		SI ZIF		
DOCUMENT #		STREE	T ADDRESS	800092353028	
NAME FRANK, BERNICE E	JEONA ELACATRACE CEL 150			800092353028 03/13/07-01023-016 **500.00	
CITY-S1-ZIP MIAMI FL 33130	\$111		ST ZIP		
DOCUMENT #		SIRU	I ADDRI SS		
STRUET ADDINGSS CIPY ST ZIP		CITY S	SI_ZIP		
DOCUMENT # NAME		STRIT	T ADDRI SS		
CHY ST /IP		CHY	S1-7IP		
NAMŧ		STRIT	FADORI SS		
STREET ADDRESS CITY+ST-ZIP		CITY	SL 7IP		
DOCUMINT / NAME		SIRH	1 ADDRI SS		
STREET ADDRESS CITY-ST-ZIP		CITY :	ST- 7IP		
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 eath; 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: Burning 5 - Frank 419107 305 8458927 SIGNATURE: Burning 5 - Frank 419107 305 8458927 Date Desprise Proces					

305 645 8 9 2 7 Daylime Phone #