


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

DOCUMENT # A95000002014			
1. Entity Name SYNAMAK HOLDINGS, LTD.			
Principal Place of Business 752 W. FLAGLER ST. STE. 105 MIAMI FL 33130		Mailing Address 752 W. FLAGLER ST. STE. 105 MIAMI FL 33130	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**

2007 MAR -7 AM 10: 37



1st MOORE CR2E003 (10/06)

6. Name and Address of Current Registered Agent  FRANK, BERNICE E 752 W. FLAGLER ST. STE. 105 MIAMI FL 33130		7. Name and Address of New Registered Agent Name <u>Mareann Klop</u> Street Address (P.O. Box Number is Not Acceptable) <u>752 West Flagler St #105</u> City <u>Miami</u> FL Zip Code <u>33130</u>	
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 <u>Mareann Klop, Registered Agent</u> DATE <u>3/5/07</u> <small>Signature, typed or printed name of registered agent and date if applicable.</small>			

**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 INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	FRANK, LESTER H	CITY ST ZIP	
CITY ST ZIP	752 W. FLAGLER ST., STE. 105 MIAMI FL 33130		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	FRANK, BERNICE E		
CITY ST ZIP	752 W. FLAGLER ST., STE. 150 MIAMI FL 33130		
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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

SIGNATURE: Bernice E. Frank  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/19/07 305 845 8927  
Date Daytime Phone #

STAPLE CHECK HERE