2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

DOCUMENT # A95000002014

1. Entity Name
SYNAMAK HOLDINGS, LTD.

FILED
08 FEB 21 PM 2:22
SECRETARY OF STATE

1st MOORE CR2E003 (10/07)

Principal Place of Business	Mailing Address
752 W. FLAGLER ST. STE. 105 MIAMI FL 33130	752 W. FLAGLER ST. STE. 105 MIAMI FL 33130

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

4. FEI Number 65-0632516 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLOTZ, MARIANN ← spelling error 752 WEST FLAGLER ST #105 MIAMI FL 33130	Name MARIANN KLOTZ Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! Fee is $500. * After May 1, 2008, 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 #		STREET ADDRESS	700118965067
NAME	FRANK, LESTER H		02/28/08--01004--008 **500.00
STREET ADDRESS	752 W. FLAGLER ST., STE. 105	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL 33130		
DOCUMENT #		STREET ADDRESS	
NAME	FRANK, BERNICE E		
STREET ADDRESS	752 W. FLAGLER ST., STE. 150	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI FL 33130		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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: Mariann Klotz 2/8/08 305 545 8927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #