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TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000  
 FROM: TRIPP, SCOTT, CONKLIN & SMITH ACCT#: 075350000066  
 CONTACT: PATTY SCHLINDWEIN  
 PHONE: (305)525-7500 FAX #: (954)761-8475

NAME: LMK ASSOCIATES II, LTD.  
 AUDIT NUMBER.....H06000016281  
 DOC TYPE.....FLORIDA LIMITED PARTNERSHIP  
 CERT. OF STATUS..0 PAGES..... 3  
 CERT. COPIES.....1 DEL.METHOD.. FAX  
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No. 5376 P. 1/5

11/18/96

FLORIDA DIVISION OF CORPORATIONS  
PUBLIC ACCESS SYSTEM  
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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4000

FROM: TRIPP, SCOTT, CONKLIN & SMITH

ACCT#: 075350000065

CONTACT: PATTY SCHLINDWEIN

PHONE: (305)525-7500

FAX #: (954)761-8475

NAME: LMK ASSOCIATES II, LTD.

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**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State

November 19, 1996

PATTY SCHELDWEIN

SUBJECT: LMK ASSOCIATES II, LTD.  
REF: W96000024451

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Section 15.16(3), Florida Statutes, requires each document to contain in the lower left-hand corner of the first page the name, address, and telephone number of the preparer of the original and, if prepared by an attorney licensed in this state, the preparer's Florida Bar membership number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6020.

Tammi Cline  
Document Specialist

FAX Aud. #: W96000016281  
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**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
LMK ASSOCIATES II, LTD.**

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, does hereby execute and file with the Secretary of State of Florida this Certificate of Limited Partnership, as follows:

1. The name of the limited partnership ("Partnership") is LMK Associates II, Ltd.
2. The address of the office in Florida at which will be kept the records of the Partnership required to be maintained by Section 620.105 of the Florida Revised Uniform Limited Partnership Act (1986) (the "Act") is 5310 N.W. 33rd Ave., Suite 219, Fort Lauderdale, Florida 33309.
3. The name and address of the agent for service of process required to be maintained by Section 620.105(2) of the Act is Kenneth T. Barber of 5310 N.W. 33rd Ave., Suite 219, Fort Lauderdale, Florida 33309.
4. The name and business address of the General Partner of the Partnership is as follows:

Trion Ventures VII, Inc.  
5310 N.W. 33rd Avenue  
Suite 219  
Fort Lauderdale, Florida 33309

994000007037

5. A mailing address for the Partnership is as follows:

5310 N.W. 33rd Avenue  
Suite 219  
Fort Lauderdale, Florida 33309

6. The latest date upon which the Partnership is to dissolve is forty (40) years from the date of the recording of the Certificate of Limited Partnership, unless otherwise continued in accordance with the terms of an Amendment to this Certificate of Limited Partnership.

IN WITNESS WHEREOF, I have hereunto subscribed my hand and seal to this Certificate this 6<sup>th</sup> day of November, 1996.

GENERAL PARTNER:

  
\_\_\_\_\_  
Kenneth T. Barber, President  
Trion Ventures VII, Inc.

Prepared by: Drake M. Batchelder  
Bar No: 117273  
Tripp, Scott, Conklin & Smith  
110 SE 6th Street, 28th Floor  
Fort Lauderdale, Fl 33301  
(954) 525-7500

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**ACCEPTANCE OF APPOINTMENT  
AS REGISTERED AGENT**

THE UNDERSIGNED, named as the agent for service of process in paragraph three of the Certificate of Limited Partnership of LMK Associates II, Ltd., hereby accepts the appointment as such registered agent, and acknowledges that he is familiar with, and accepts the obligations imposed upon registered agents under, the Florida Revised Uniform Limited Partnership Act (1985).

  
\_\_\_\_\_  
Kenneth T. Barber

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**AFFIDAVIT DECLARING AMOUNT OF  
CAPITAL CONTRIBUTIONS OF LIMITED PARTNERS OF  
LMK ASSOCIATES II, LTD.**

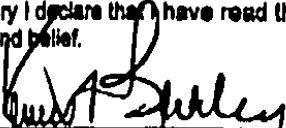
BEFORE ME, the undersigned President of the sole General Partner of LMK Associates II, Ltd. ("Partnership"), a Florida limited partnership, certify as follows:

The limited partners' contributions to the Partnership total \$89.00 at this time and the amount of the anticipated future contributions of limited partners is zero.

It is the intention of the Partnership that this Affidavit be filed with the Secretary of State of the State of Florida, along with the Certificate of Limited Partnership.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

  
\_\_\_\_\_  
Kenneth T. Barber, President  
Tripp Ventures VII, Inc., General Partner

STATE OF FLORIDA        )  
                                  ss.:  
COUNTY OF BROWARD    )

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of November, 1996, by Kenneth T. Barber, who is personally known to me or who has produced Known To Me as identification.



SONDIA H. HOWARD  
MY COMMISSION # DC433379 EXPIRES  
March 13, 1999  
BONDED THRU TROY FARM INSURANCE, INC.

  
\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Name of Acknowledger

\_\_\_\_\_  
Title or Rank

\_\_\_\_\_  
Serial Number, if any

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