

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002111
 1. Entity Name
LMK ASSOCIATES II, LTD.

FILED

01 MAY -4 PM 12:18

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



Principal Place of Business
 5310 N.W. 33RD AVENUE, SUITE 219
 FORT LAUDERDALE FL 33309

Mailing Address
 5310 N.W. 33RD AVENUE, SUITE 219
 FORT LAUDERDALE FL 33309

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0744737**
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARBER, KENNETH T
 5310 N.W. 33RD AVENUE, SUITE 219
 FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

500004368379--7
-06/06/01--01086--024
*****141.25**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$99.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

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 #	S85255	STREET ADDRESS	
NAME	TRION VENTURES III, INC.	CITY-ST-ZIP	
STREET ADDRESS	5310 N.W. 33RD AVENUE, SUITE 219		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 exemption stated in Section 119.07(3)(i), 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: *BY TRION VENTURES III, INC. ITS GENERAL PARTNER KENNETH T. BARBER, PRESIDENT*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **1/18/2001**
 Daytime Phone #: **954 731066**