

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -5 AM 9:52



91/21

1. Name of Limited Partnership LMK ASSOCIATES, LTD.		1a. DOCUMENT # A96000001660	
Mailing Address 5310 N.W. 33RD AVE., SUITE 219 FORT LAUDERDALE FL 33309	Principal Office Address 5310 N.W. 33RD AVE., SUITE 219 FORT LAUDERDALE FL 33309	3. Date Formed or Registered 09/06/1996	5a. Capital Contributions as Shown on record. \$99.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 04/03/1997	5b. Amount of Capital Contributions in FLORIDA to date.
City & State	City & State	4. State or Country of Formation FL	6. FEI Number 105-0744736 <input checked="" type="checkbox"/> APPLIED FOR <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent BARBER, KENNETH T 5310 N.W. 33RD AVE., SUITE 219 FORT LAUDERDALE FL 33309	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 200002409542-2 Suite, Apt. #, etc. -01/22/98--01126--008 City ****156.25 FL ****156.25
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10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
TRION VENTURES VII, INC.	5310 N.W. 33RD AVE.,	FORT LAUDERDALE FL 33	P94000007037

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

Kenneth T Barber

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)