

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001660
 1. Entity Name
LMK ASSOCIATES, LTD.

FILED

Principal Place of Business Mailing Address
5310 N.W. 33RD AVE., SUITE 219 **5310 N.W. 33RD AVE., SUITE 219**
FORT LAUDERDALE FL 33309 **FORT LAUDERDALE FL 33309**

01 MAY -4 PM 12:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BARBER, KENNETH T
5310 N.W. 33RD AVE., SUITE 219
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
300004368413--0
-06/06/01--01086--025
 City
*****141.75L ***911.25**

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 # NAME STREET ADDRESS CITY-ST-ZIP	S85255 TRION VENTURES III, INC. 5310 N.W. 33RD AVE., SUITE 219 FORT LAUDERDALE FL 33309	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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**