

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001660**

1. Entity Name
LMK ASSOCIATES, LTD.

FILED

02 MAY -3 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business
4901 N. FED. HWY.

3. Mailing Address
4901 N. FED. HWY.

Sub. Apts. #, etc.
100

Sub. Apts. #, etc.
100

DUE BY MAY 1, 2002

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

Zip
33308

Country

Zip
33308

Country

4. FEI Number
65-0744736

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)
4901 N. FEDERAL HWY #100

City
FT. LAUDERDALE FL Zip Code
33308

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	NAME TRION VENTURES III, INC.	STREET ADDRESS 4901 N. FEDERAL HWY #100	
STREET ADDRESS 5310 N.W. 33RD AVE., SUITE 219	CITY-ST-ZIP FORT LAUDERDALE FL 33309	CITY-ST-ZIP FT. LAUDERDALE, FL 33308	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
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:  **4/30/2002** **954-491-3848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)