2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2004**

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the receiver or trustee emp

SIGNATURE:

May 04, 2004 08:00 AM Secretary of State DOCUMENT # A96000001660 1. Entity Name LMK ASSOCIATES, LTD. Principal Place of Business Mailing Address 4901 N. FEDERAL HWY., #100 FT. LAUDERDALE FL 33308 4901 N. FEDERAL HWY., #100 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 65-0744736 Not Applicable Zip Country Zιρ Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARBER, KENNETH T Street Address (P.O. Box Number is Not Acceptable) 4901 N. FEDERAL HWY., #100 FT. LAUDERDALE FL 33308 Zip Code 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature typed or printed name of registrated agent are tills if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$99.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS TRION VENTURES III, INC. NAME STREET AUDRESS 4901 N. FEDERAL HWY., #100 CITY ST-7/P CITY-ST-ZIE FT. LAUDERDALE FL 33308 <u> UDDOOGO159046</u> DOCUMENT # 05/10/04-80014-008 141.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST ZIP ling does not qualify for the exemption stated in Section 119.07(3)(r), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or port as required by Chapter 620, Florida Statutes. 14. I hereby certify that the information supplied with this indicated on this report is true nd accurate and th

NAME OF SIGNING GENERAL PARTNER

FILED