


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # A96000001660					
1. Entity Name LMK ASSOCIATES, LTD.					
Principal Place of Business 4901 N. FEDERAL HWY., #100 FT. LAUDERDALE FL 33308			Mailing Address 4901 N. FEDERAL HWY., #100 FT. LAUDERDALE FL 33308		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0744736	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARBER, KENNETH T 4901 N. FEDERAL HWY., #100 FT. LAUDERDALE FL 33308				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____	
9. Capital Contributions as Shown on record. \$99.00			10. Amount of Capital Contributions in FLORIDA to date.		
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	4901 N. FEDERAL HWY., #100				
CITY-ST-ZIP	FT. LAUDERDALE FL 33308				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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CITY-ST-ZIP					



1ST MOORE CR2E003 (10/04)

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

**U00000347127
04/30/05-80102-018 141.25**

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: *Kenneth T Barber*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/2005 954-491-3848
DATE AND TELEPHONE NUMBER

STAPLE CHECK HERE