


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000001660

1. Entity Name
LMK ASSOCIATES, LTD.



FILED
03 MAY -6 PM 8:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

DUE BY MAY 1, 2003

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

**BARBER, KENNETH T
4901 N. FEDERAL HWY., #100
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

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 _____ 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 FL. 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	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			

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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 **DATE:** 04-30-03 **DAYTIME PHONE #:** 954-491-3848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SAMPLE CHECK HERE

CR2E003 (10/02)