


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000002111
1. Entity Name
LMK ASSOCIATES II, LTD.



Principal Place of Business Mailing Address
4901 N. FEDERAL HWY., #100 **4901 N. FEDERAL HWY., #100**
FT. LAUDERDALE FL 33308 **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

1st MOORE CR2E003 (10/05)
4. FEI Number: **65-0744737** Applied For
Not Applied

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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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	U00000505726
NAME		CITY-ST-ZIP	04/26/06-80126-019 500.00
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 