

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A96000002144**

1. Entity Name  
**LMK ASSOCIATES III, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -4 AM 9:54

Principal Place of Business: 5310 N.W. 33RD AVENUE, SUITE 219 FORT LAUDERDALE FL 33309  
Mailing Address: 5310 N.W. 33RD AVENUE, SUITE 219 FORT LAUDERDALE FL 33309-6300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0744740</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BARBER, KENNETH T</b> 5310 N.W. 33RD AVENUE, SUITE 219 FORT LAUDERDALE FL 33309				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 #	<b>S85255</b>	STREET ADDRESS	
NAME	<b>TRION VENTURES III, INC.</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>5310 N.W. 33RD AVENUE, SUITE 219</b>		
CITY - ST - ZIP	<b>FORT LAUDERDALE FL 33309</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**      1-27-2000      954-731-0666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #