

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002144

1. Entity Name

LMK ASSOCIATES III, LTD.

FILED

01 MAY -4 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0744740**

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBER, KENNETH T
5310 N.W. 33RD AVENUE, SUITE 219
FORT LAUDERDALE FL 33309

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.

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 # **S85255**
NAME **TRION VENTURES III, INC.**
STREET ADDRESS **5310 N.W. 33RD AVENUE, SUITE 219**
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

STREET ADDRESS
CITY-ST-ZIP **000004368340--8**
-06/06/01-01086 023
******141.25 ****141.25**

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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: BY TRION VENTURES III, INC. ITS GENERAL PARTNER KENNETH T. BARBER (PRESIDENT)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *Kenneth T. Barber* 1/18/2001 954 731066
Date Daytime Phone #