

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

A96000002144

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 SEP 31 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000002144

1. Name of Limited Partnership

LMK Associates III, Ltd.

10/11/02

2. Principal Office Address

4901 N. Federal Highway

Suite, Apt. #, etc.

100

City & State

Ft. Lauderdale, Florida

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33308

Country

USA

Zip

Country

4. Date Formed or Registered

To Do Business in Florida 11/22/96

5. FEI Number

650744740

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:

99.00

7b. Amount of Capital Contributions in FLORIDA to date:

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
- 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name

Kenneth T. Barber

Street Address (P.O. Box Number is Not Acceptable)

4901 North Federal Highway

Suite, Apt. #, Etc.

100

City

Ft. Lauderdale

State

FL

Zip Code

33308

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

Address of Each General Partner (Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration Document Number

Trion Ventures III, Inc.

4901 North Federal Highway
Suite 100

Fort Lauderdale, Florida

S85255

REINSTATEMENT 2002
MK

600008703156
10/30/02--01098--001 **641.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

James A. Sperry, Pres.

DATE

10/2/02

Typed or Printed Name of General Partner Signing Form

Telephone Number

CR2E038 (9/01)