


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
May 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # A96000002144

1. Entity Name
LMK ASSOCIATES III, LTD.




Principal Place of Business Mailing Address
**4901 NORTH FEDERAL HIGHWAY, SUITE 100
FORT LAUDERDALE FL 33308** **4901 NORTH FEDERAL HIGHWAY, SUITE 100
FORT 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



MOORE CR2E003 (11/03)

4. FEI Number Applied For
65-0744740 Not Applicable

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

6. Name and Address of Current Registered Agent

**BARBER, KENNETH T
4901 NORTH FEDERAL HIGHWAY, SUITE 100
FORT 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	130000158983 05/10/04-80012-002 141.25
STREET ADDRESS	4901 NORTH FEDERAL HIGHWAY, SUITE 100		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **4-30-04** **954-491-3848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Ordinance Process #

STAPLE CHECK HERE