

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000002144



1. Entity Name
LMK ASSOCIATES III, LTD.

FILED
03 MAY -6 PM 8:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

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

Mailing Address
**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

DUE BY MAY 1, 2003

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
4901 NORTH FEDERAL HIGHWAY, SUITE 100
FORT LAUDERDALE FL 33308

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
NAME	TRION VENTURES III, INC.
STREET ADDRESS	4901 NORTH FEDERAL HIGHWAY, SUITE 100
CITY-ST-ZIP	FORT LAUDERDALE FL 33308
DOCUMENT #	
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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: *Kenneth T. Barber* **KENNETH T. BARBER** **430-03 954-491-3818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)