

# 2002 UNIFORM BUSINESS REPORT (UBR)

UAC/40 AV

DOCUMENT # A97000000970

1. Entity Name

HENNING/TRION VENTURES I, LIMITED

FILED

02 MAY -3 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5310 N.W. 33RD AVENUE, SUITE 219  
FT LAUDERDALE FL 33309

Mailing Address

5310 N.W. 33RD AVENUE, SUITE 219  
FT LAUDERDALE FL 33309



2. Principal Place of Business

4901 N. FED. HWY

3. Mailing Address

4901 N. FED. HWY

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

DUE BY MAY 1, 2002

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0749901

Applied For

Not Applicable

Zip

33308

Country

Zip

33308

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARBER, KENNETH T

5310 N.W. 33RD AVENUE, SUITE 219

FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

4901 N. FED. HWY #100

City  
FT. LAUDERDALE

FL

Zip Code  
33308

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$100.00

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

DOCUMENT # A96000002144  
NAME LMK ASSOCIATES III, LTD.  
STREET ADDRESS 5310 N.W. 33RD AVENUE, SUITE 219  
CITY-ST-ZIP FT LAUDERDALE FL 33309

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4901 N. FED. HWY #100  
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

DOCUMENT #  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

430-2002 954-491-3848

CR2E003 (9/01)