## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DOCUMENT # A98000001560

## **FILED** Apr 18, 2007 08:00 All Secretary of State

1. Entity Nam LMK ASS	OCIATES VI, LTD.					·
	e of Business ERAL HWY., #100 ALE, FL 33308	Mailing Address 4901 N. FEDERAL HWY., #10 FT.LAUDERDALE, FL 33308	00	) 	BAN BBIIK BBIN BBII	DI MADUR DININ DENIAN DE NADR
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				04122007 No Chg-LP CR2E003 (12/06)		
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 65-0853577		Applied For Not Applicable
				5. Certificate of Status Des	ired 🗆	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		age of the second section	g; **g*** g . ;	4 40
4901 N. FE FT.LAUDE	KENNETH T EDERAL HWY., #100 RDALE, FL 33308	or the purpose of changing its registe	ored office or register	DO NOT IN THIS red agent, or both, in the State	SPAC	
SIGNATURE .	ions of registered agent.			······		-
	After May 1, 2	will FEE IS \$500.00 2007, Fee will be \$900.00 THAT IS A BUSINESS ENTITY	MILET DE DEGIS	TERED AND ACTIVE WIT	DAT	
_	NOTE: General Partners MA	AY NOT be changed on the for	m; an amendmer	nt must be filed to chang	e a general :	partner.
12.	GENERAL PARTNE	RINFORMATION		a a ancongression	ich en en	en a la l
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NAME	TRION VENTURES X, INC.			The second secon	er tropiecito. Originalistico	
STREET ADDRESS CITY-ST-ZIP	4901 N. FEDERAL HWY., #100 FT.LAUDERDALE, FL 33308	1.	A transport of the control of the co	The same of the sa	energia de Aria. Notas de Caracteria de Aria. Notas de Caracteria de Aria.	and the second of the second o
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ed with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information attended that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership execute this report as required by Chapter 620, Florida Statutes I hereby certify that the information s indicated on this report a true and ac or the receiver or trusts empowered

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # NAME

STREET ADDRESS CITY-ST-ZIP

**DOCUMENT #** NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

NAME STREET ADDRESS CITY-ST-ZIP

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Daytime Phone #