


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000000696</b>	
1. Entity Name <b>LMK ASSOCIATES XI, LTD.</b>	

Principal Place of Business <b>4901 N. FEDERAL HWY., #100 FT. LAUDERDALE FL 33308</b>	Mailing Address <b>4901 N. FEDERAL HWY., #100 FT. LAUDERDALE FL 33308</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1ST MOORE CR2E003 (10/04)

4. FEI Number <b>65-0918852</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BARBER, KENNETH T 4901 N. FEDERAL HWY., #100 FT. LAUDERDALE FL 33308</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.	11. <b>FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
9. Capital Contributions as Shown on record. <b>\$100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.

**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P99000038185 TRION VENTURES XI, INC. 4901 N. FEDERAL HWY., #100 FT. LAUDERDALE FL 33308</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>U00000346679 04/30/05-80085-007 141.25</b>
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #