



FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 827192 1. Entity Name THE MARINER GROUP, INC.			
Principal Place of Business 13451 MCGREGOR BLVD SUITE #27 FORT MYERS, FL 33919		Mailing Address 13451 MCGREGOR BLVD SUITE #27 FORT MYERS, FL 33919	
DO NOT WRITE IN THIS SPACE			
		01272004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 34-1089734	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEN BROECK, ALLEN G 13451 MCGREGOR BLVD SUITE #27 FORT MYERS, FL 33919		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CM TAYLOR, ROBERT M. 13451 MCGREGOR BLVD, SUITE 27 FORT MYERS, FL 33919	 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS TEN BROECK, ALLEN G 13451 MCGREGOR BLVD, SUITE 27 FORT MYERS, FL 33919		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SUSZEK, LINDA M 13451 MCGREGOR BLVD, SUITE 27 FORT MYERS, FL 33919		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  2/10/04 239-481-2011		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____	