

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 15 AM 10:20

1. Name of Limited Partnership

1a. DOCUMENT #
A29182

MARINER CAPITAL MANAGEMENT, LTD.



Mailing Address

~~13391-MCGREGOR-BLVD-~~
~~SUITE-4~~
~~FORT MYERS FL 33910--~~

Principal Office Address

~~13391-MCGREGOR-BLVD-~~
~~SUITE-4~~
~~FORT MYERS FL 33910--~~

3. Date Formed or Registered

11/08/1989

5a. Capital Contributions as
Shown on record

\$80,000.00

3a. Date of Last Report

10/27/1995

5b. Amount of Capital
Contributions in FLORIDA
to date

\$80,000.00

4. State or Country of Formation

DE

6. FET Number

65-0113820

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

2. Mailing Address

12800 University Drive

Suite, Apt. #, etc.

Suite 675

City & State

Zip

33907

Country

2a. Principal Office Address

12800 University Drive

Suite, Apt. #, etc.

Suite 675

City & State

Zip

33907

Country

9. Name and Address of Current Registered Agent

RAIMONDI, LAWRENCE A.
13391-MCGREGOR-BLVD-
SUITE-4
FORT MYERS FL 33910-

10. If changed, new Registered Agent/Office

Name

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

12800 University Drive

Suite, Apt. #, etc.

Suite 675

City

FL

Zip Code

33907

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Lawrence A. Raimondi*

DATE **10-1-96**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

MARINER CAPITAL MANAGEMENT,

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

13391-MCGREGOR BLVD.
12800 University Drive
Suite 675

11b. City, State & Zip Code

FT MYERS FL 33907

11c. Registration/
Document Number

G48164

100001985851--2
-10/25/96--01040--016
******576.25 ****576.25**

PAID

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Lawrence A. Raimondi

DATE

10-1-96

Typed or Printed Name of General Partner Signing Form

Lawrence A. Raimondi

Daytime Telephone Number

941 481-2011

CR2E003 (6/96)