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DOCUMENT # A96000000323

1. Name of Limited Partners	ship								
MARINER CLA	UB, LTD.			}					
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			411	0199		DO NOT WRITE	E. IN THIS SPA	ICF	
2. Mailing Address		3. Principal Office Address		167	4. Date Formed or Registered To Do Business in Fforda 02/14/1996				
215 North Eola Drive Suite Apt # elc		223 Wilmington West Suite Apt W. etc						ed For	
abita Apit V, ole		Chester Pike							
City & State		City & State		_	23-2836175 Not Applicable				
Orlando, FL 32801 Zip Country		Chadds Ford, PA 19317		'	6. CERTIFICATE OF STATUS DESIRED 58 75 Additional Fee required for a Certificate of Status				
32801 USA		19317	USA	<u>-</u> ,				r a Cermicale o	
			USA		7. State or Country of Formation FLORIDA				
8a. Capital Contributions as Shown on Record		FEES:1.) Filing Fee(s). Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a max						uimum of	
\$990.00		\$437.50, for <u>each year due</u> this office. 2.) Supplemental Fee(s): \$103.75 for <u>each year due</u> this office, beginning with 1992 calendar year.					year.		
8b. Amount of Capital Con FLORIDA to date	tributions in	 Penalty Fe 	ee(s): \$500 penalty fer ered in 8b is greater t	o for gach year repor	d form is delinquent				
PEORIDA IO GARA		Note: If the amount ent appropriate filing		nan emooni entereo	in bit, a supplement	a amazvit mast b	e submitted ai	ong with a separa	ite and
	ame and Address of Current Re	nistered Annal			10 ttrhanged	new remistered :	agenitotice		
		Autorio Shaur	Name	10. If changed, new registered agent/office Name					
JAMES BALLETT									
215 North Eol		Street Address (P O E			Number is Not Accep	olabie)			
Orlando, Flor	1da 32801	Suite Apt #, elc		ot #, elc					
		City						Zip Code	
							FL		
for the purpose of cha	sions of sections 620 1051 and 62 anging its registered office or regi rith, and accept the obligations of	istered agent, or both, in the S	State of Florida, Such	arthership organize change was authori	d or registered unde and by its general pa 	r the laws of the s arther(s). I hereby	State of Florid. y accept the a	a, submits this sti ppointment of res	atement gistered
SIGNATURE (Registered Agen	it Accepting Appointment)	/\pd	1///	WW		_ DATE _	April	20, 199	<u>9 </u>
A GENERAL P	ARTNER THAT IS MUST I	BE REGISTERE	D AND ACT	D PARTNI	ERSHIP OF	OTHER	BUSIN	ESS EN1	TITY
11. Names of General Partner(s)		Addless of Each General Partner (Do NOT Use Post Office Box Numbers)			City State and Zip Code			Registration Document Num	ber .
ė.		1							Ì
MARINER CLUB, INC.		223 Wilmington West		Chadde	Ford, PA	. 19317	P960	00010868	3
		Chester Pike	!]				_	1
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Note: General pa	artners MAY NOT b	e changed on thi	s form; an a	mendment	must be file	d to chan	ge a gei	neral parti	ner.

12. Ido 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 1 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 _

Typed or Printed Name of General Partner Signing Form

DATE _April 20, 1999

FRANK X. PHILLIPS, WACK PRESIDENT Telephone Number 610/558-1500