


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 2004 APR 26 AM 9:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # B03000000295**

1. Entity Name  
 MARINER PLAZA REALTY ASSOCIATES, L.P.



Principal Place of Business  
 B. DAVID SCHREIBER  
 90 WILLIAM ST.  
 NEW YORK, NY 10038

Mailing Address  
 1018 THOMASVILLE RD., STE. 200A  
 C/O TALCOR COMMERCIAL REAL ESTATE  
 TALLAHASSEE, FL 32303



2. Principal Place of Business  
 100 Broad Street  
 Suite, Apt. #, etc.  
 3503  
 City & State  
 New York, NY  
 Zip  
 10004 Country  
 USA

3. Mailing Address  
 100 Broad St.  
 Suite, Apt. #, etc.  
 3503  
 City & State  
 New York, NY  
 Zip  
 10004 Country  
 USA

04192004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 AGI REGISTERED AGENTS, INC  
 1200 BRICKELL AVE, STE 900  
 MIAMI, FL 33131

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 900036279669  
 05/14/04--01003--017 \*\*526.25  
 City  
 FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,000,000.00

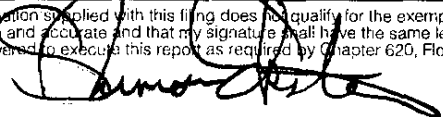
10. Amount of Capital Contributions in FLORIDA to date.

**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 #	F03000004280	STREET ADDRESS	
NAME	PLAZA MARINER, INC.	CITY-ST-ZIP	
STREET ADDRESS	90 WILLIAM ST.		
CITY-ST-ZIP	NEW YORK, NY 10038		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:  DATE: April 20, 04 DAYTIME PHONE #: 212-668-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER