## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 18, 2004 8:00 am DOCUMENT # L03000002586 **Secretary of State** 1. Entity Name 02-18-2004 90098 006 \*\*\*\*55.00 MARINER FUND, LLC Principal Place of Business Mailing Address 7891 W. FLAGLER STREET, #557 MIAMI FL 33144-2376 7891 W. FLAGLER STREET, #557 MIAMI FL 33144-2376 2. Principal Place of Business 3. Mailing Address 580 VILLAGE 580 VILLAGE BLYD Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) . 260 SUITE 260 SUITE City & State 4. FEI Number 14-1895264 Applied For City & State WEST BEACH, FL WEST PACH BEACH Not Applicable Country \$5.00 Additional M 33409 5. Certificate of Status Desired 420) 33409 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RYAN HICKMAN-ALVARO CASTILLO B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 BRICKELL AVENUE, SUITE 200 MIAMI FL 33131 AC( 33401 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 219/04 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGHR MGR TITLE Change ★ Addition TITLE Delete S.A. De C.V. MAYAPAN INTERNATIONAL, LP NAME PEVAZI NAME 580 VILLAGE BLVD, SUITE WEST PALL BEACH, FL 260 STREET ADDRESS 7891 W. FLAGLER STREET, #557 STREET ADDRESS 33 409 MIAMI FL 33144-2376 CITY-ST-7IP CITY-ST-ZIP TITLE MGR Delete TITLE ☐ Change Addition BISCAYNE INTERNATIONAL, LP NAME STREET ADDRESS 7891 W. FLAGLER STREET, #557 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144-2376 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. 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 managing member or manager of the

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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of USIGNER FUS LLC

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