2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State 01-27-2005 90081 009 ***150.00 **DOCUMENT # L03000002586** MARÍNER FUND, LLC 20004464 Principal Place of Business Mailing Address 580 VILLAGE DO. BLVD 580 VILLAGE RD. 75 LV D STE 260 STE 260 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business 3. Mailing Address 580 Villice Blud 580 VILLAGE BLYD Suite, Apt. #, etc Suite, Apt. #, etc. 01242005 Chg-LLC CR2E083 (10/03) STE 260 STe 260 City & State City & State Polly BEACH 4. FEI Number Applied For BEACH WEST WEST 14-1895264 Not Applicable \$5.00 Additional 5. Certificate of Status Desired ()SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HICKMAN, CHARLES RYAN Street Address (P.O. Box Number is Not Acceptable) 240 10TH ST. WEST PALM BEACH, FL 33401 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE 💥 MGRM Delete TITLE ☐ Change ☐ Addition NÀME SA'DE CV, PEVAFI NAME STREET ADDRESS 580 VILLAGE BLVD. STE 260 STREET ADORESS WEST PALM BEACH, FL 33409 CITY-ST-ZIP CITY-ST-ZIP TITLÉ MGMR ☐ Delete TITLE ☐ Change ☐ Addition PEVAZI S.A. De C.V. 580 VILLAGE BLVD, STE 260 STREET ADORESS STREET ADDRESS WEST JALM BEACH, FL 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Delete TM F NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TILLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jan 27, 2005 8:00 am

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