2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000002586

1. Entity Name
MARINER FUND, LLC



Principal Place of Business 2257 VISTA PARKWAY UNIT # 3

WEST PALM BEACH, FL 33411

Mailing Address

2257 VISTA PARKWAY UNIT # 3 WEST PALM BEACH, FL 33411 FILED
Apr 13, 2007 08:00 AM
Secretary of State



04092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1895264 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HICKMAN, CHARLES RYAN 240 10TH ST. WEST PALM BEACH, FL 33401

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04/09/07

(561) 242-5161

Daytime Phone #

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
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEVAZI, SA DE CV 2257 VISTA PARKWAY, UNIT # 3 WEST PALM BEACH, FL 33411		U00000704828 04/23/07-80026-018 50.00
NAME STREET ADDRESS CITY-ST-ZIP			04725701 00020 010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS (CITY-ST-ZIP		IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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			

REPREDENTING CV.

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