2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000008173

1. Entity Name
MARINER ADVISORY GROUP, L.L.C.

Principal Place of Business	Mailing Address
13451 MCGREGOR BLVD STE 27 FORT MYERS, FL 33919	13451 MCGREGOR BLVD STE 27 FORT MYERS, FL 33919

02082008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0960108
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TEN BROEK, ALLEN G
13451 MCGREGOR BLVD., STE 27
FT. MYERS, FL 33907

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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. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000839653
03/06/08-80017-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TAYLOR, ROBERT M
STREET ADDRESS	13451 MACGREGOR BLVD., STE 27
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	MGRM
NAME	TEN BROEK, ALLEN G
STREET ADDRESS	13451 MCGREGOR BLVD., STE 27
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #