2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # P01000017677 MARINER FINANCIAL CORPORATION Principal Place of Business Mailing Address 230 PALMO WAY 230 PALMO WAY PALM BCH, FL 33480 PALM BCH, FL 33480 04232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1082930 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ZEEMAN, JOHN H DO NOT WRITE 230 PALMO WAY PALM BCH, FL 33480 IN THIS SPACE 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 U00000132168 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE (\$ \$150.00 After May 1, 2004 Fee will be \$550.00 04/27/04-80033-013 150.00 17 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS me NAME ZEEMAN, JOHN H STREET ADDRESS 230 PALMO WAY PALM BCH, FL 33480 CITY-ST-73P TITLE SHAKE STREET ADDRESS CRY-ST-ZIP THLE STREET ADDRESS DO NOT WRITE CITY-ST-78P IN THIS SPACE TITLE NAME STREET ADDRESS City-St-ZP TITLE NAME STREET ADDRESS CITY - ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee expression successful to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactiment with an addresse, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP