

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>FLORIDA MARLINS, L.P. 401(K) PLAN</u> 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>FLORIDA MARLINS, L.P.</u> <u>2267 DAN MARINO BOULEVARD</u> <u>MIAMI, FL 33056</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/16/2002</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>65-0967217</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>305-626-7400</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>711210</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>02/16/2002</u>		2b Employer Identification Number (EIN) <u>65-0967217</u>		2c Sponsor's telephone number <u>305-626-7400</u>		2d Business code (see instructions) <u>711210</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>02/16/2002</u>											
2b Employer Identification Number (EIN) <u>65-0967217</u>											
2c Sponsor's telephone number <u>305-626-7400</u>											
2d Business code (see instructions) <u>711210</u>											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	03/07/2013	SUSAN JAISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

FLORIDA MARLINS, L.P.

2267 DAN MARINO BOULEVARD
MIAMI, FL 33056**3b** Administrator's EIN

65-0967217

3c Administrator's telephone number

305-626-7400

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

242

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

216

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

7

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

223

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

223

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

100

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ ¹ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan FLORIDA MARLINS, L.P. 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. FLORIDA MARLINS, L.P.		
D Employer Identification Number (EIN) 65-0967217		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier JOHN HANCOCK LIFE INSURANCE COMPANY USA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	15913	103	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 9354	(b) Total amount of fees paid 2938
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid TRANSAMERICA FINANCIAL ADVISORS 570 CARILLON PARKWAY ST. PETERSBURG, FL 33716
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9354			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid EJREYNOLDS, INC. 9050 PINES BLVD., STE. 110 PEMBROKE PINES, FL 33024

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1025	TPA FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

EJREYNOLDS, INC.

9050 PINES BLVD., STE. 110
PEMBROKE PINES, FL 33024

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	1875	CONTRACT MANAGEMENT ASSISTANCE	0

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

T. ROWE PRICE ASSOCIATES, INC.

100 EAST PRATT STREET
BALTIMORE, MD 21202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5	REDEMPTION FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

VANGUARD GROUP, INC.

P.O. BOX 2600
VALLEY FORGE, PA 19482-2600

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	33	REDEMPTION FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	3379
5 Current value of plan's interest under this contract in separate accounts at year end	5	4082074

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	2871
c Additions: (1) Contributions deposited during the year	7c(1)	464
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	52
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	516
d Total of balance and additions (add b and c(6)).	7d	3387
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	8
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	8
f Balance at the end of the current year (subtract e(5) from d)	7f	3379

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan FLORIDA MARLINS, L.P. 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA MARLINS, L.P.	D Employer Identification Number (EIN) 65-0967217	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
JOHN HANCOCK LIFE INSURANCE CO.	P.O. BOX 600 BUFFALO, NY 14201-0600
01-0233346	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JOHN HANCOCK LIFE INSURANCE CO.

P.O. BOX 600
BUFFALO, NY 14201-0600

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63	RECORDKEEPER	406	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2010</p> <hr/> <p style="text-align: center; font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan FLORIDA MARLINS, L.P. 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FLORIDA MARLINS, L.P.	D Employer Identification Number (EIN) 65-0967217	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2010			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	373
a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2015			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2020			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3996
a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2025			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17168
a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2035			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6866
a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2040			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	54384
a Name of MTIA, CCT, PSA, or 103-12 IE: LC 2045			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19885

a Name of MTIA, CCT, PSA, or 103-12 IE: LS - CONSERVATIVE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5414

a Name of MTIA, CCT, PSA, or 103-12 IE: LS - MODERATE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55093

a Name of MTIA, CCT, PSA, or 103-12 IE: LS - BALANCED FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 661184

a Name of MTIA, CCT, PSA, or 103-12 IE: LS - GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 726152

a Name of MTIA, CCT, PSA, or 103-12 IE: LS - AGGRESSIVE GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 434969

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM FEDERAL FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26512

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL RETURN FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10265

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETURN FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66132

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45518

a Name of MTIA, CCT, PSA, or 103-12 IE: SPECTRUM INCOME FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4473

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11819

a Name of MTIA, CCT, PSA, or 103-12 IE: ALL ASSET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26672

a Name of MTIA, CCT, PSA, or 103-12 IE: AF AM BALANCED FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29895

a Name of MTIA, CCT, PSA, or 103-12 IE: AF ICA FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6801

a Name of MTIA, CCT, PSA, or 103-12 IE: AF WASHINGTON MUTUAL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14492

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP EQUITY INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41107

a Name of MTIA, CCT, PSA, or 103-12 IE: NY VENTURE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67218

a Name of MTIA, CCT, PSA, or 103-12 IE: BEACON FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38324

a Name of MTIA, CCT, PSA, or 103-12 IE: BALANCE SHEET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25237

a Name of MTIA, CCT, PSA, or 103-12 IE: DISCOVERY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28420

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14218

a Name of MTIA, CCT, PSA, or 103-12 IE: RIV MID VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	720

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	70795

a Name of MTIA, CCT, PSA, or 103-12 IE: UTILITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	48693

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE & RESTRUCTURING FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	54812

a Name of MTIA, CCT, PSA, or 103-12 IE: CONTRA FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	124185

a Name of MTIA, CCT, PSA, or 103-12 IE: AF GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4092

a Name of MTIA, CCT, PSA, or 103-12 IE: SM CAP VALUE INCOME FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	11376

a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON GROWTH FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE: [WORLD FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19104
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a Name of MTIA, CCT, PSA, or 103-12 IE: [GLOBAL FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46562
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a Name of MTIA, CCT, PSA, or 103-12 IE: [EUROPAC FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35557
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INTERNATIONAL VALUE FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 639
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a Name of MTIA, CCT, PSA, or 103-12 IE: [FINANCIAL FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ENERGY FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117579
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LMC AGGRESSIVE GROWTH FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75581
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VISTA FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71202
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a Name of MTIA, CCT, PSA, or 103-12 IE: [SMALL CAP GROWTH INCOME FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13538
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a Name of MTIA, CCT, PSA, or 103-12 IE: [US SMALL CAP FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6576
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPORTUNITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28409

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL MID GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61488

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6790

a Name of MTIA, CCT, PSA, or 103-12 IE: ULTRA SMALL COMPANY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6911

a Name of MTIA, CCT, PSA, or 103-12 IE: HEALTH SCIENCE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29339

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48274

a Name of MTIA, CCT, PSA, or 103-12 IE: DEVELOPING MARKET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196925

a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60945

a Name of MTIA, CCT, PSA, or 103-12 IE: EXPLORER FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 141

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 423

a Name of MTIA, CCT, PSA, or 103-12 IE: VS MONEY FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19319

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1776

a Name of MTIA, CCT, PSA, or 103-12 IE: OPTIMIZED VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1041

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX 500 FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	91012

a Name of MTIA, CCT, PSA, or 103-12 IE: VS MID VALUE FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3634

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL OPPORTUNITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4318

a Name of MTIA, CCT, PSA, or 103-12 IE: VS REAL ESTATE SECURITIES FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	42782

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX TOTAL FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	60366

a Name of MTIA, CCT, PSA, or 103-12 IE: VS BLUE CHIP FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	54049

a Name of MTIA, CCT, PSA, or 103-12 IE: OPTIMIZED ALL CAP FUND			
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12276

a Name of MTIA, CCT, PSA, or 103-12 IE: [INDEX MID FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47511
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS INTERNATIONAL VALUE FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38073
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INDEX INTERNATIONAL FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20333
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS INTERNATIONAL SMALL CAP FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2568
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS ALL CAP GROWTH FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS MID CAP STOCK FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7004
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INDEX SMALL FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50465
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS SCIENCE & TECHNOLOGY FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7171
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS STRATEGIC INCOME FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2803
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a Name of MTIA, CCT, PSA, or 103-12 IE: [VS CAPITAL APPRECIATION FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INS. CO.](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24746
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a Name of MTIA, CCT, PSA, or 103-12 IE: VS FINANCIAL FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS. CO.**c** EIN-PN 01-0233346-000**d** Entity code P**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

7589

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan FLORIDA MARLINS, L.P. 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 FLORIDA MARLINS, L.P.	D Employer Identification Number (EIN) 65-0967217	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		440
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2871	0
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	111865	95962
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)	3467733	4082074
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		3379
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3582469	4181855

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3582469	4181855
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	426511	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		426511

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	52	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3357	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3409

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		555910
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		985830

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	375466	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		375466
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	1025	
(2) Contract administrator fees	2i(2)	599	
(3) Investment advisory and management fees	2i(3)	9354	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10978
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		386444

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		599386
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON, LP

(2) EIN: 03-6605558

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>FLORIDA MARLINS, L.P. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FLORIDA MARLINS, L.P.</u>	D Employer Identification Number (EIN) <u>65-0967217</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>01-0233346</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____			
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Financial Statements and Report of Independent
Certified Public Accountants

Florida Marlins, L.P. 401(k) Plan

December 31, 2010 and 2009

Contents

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Report of Independent Certified Public Accountants

Trustees

Florida Marlins, L.P. 401(k) Plan

We were engaged to audit the financial statements of the Florida Marlins, L.P. 401(k) Plan (the "Plan") as of December 31, 2010 and 2009 and for the year ended December 31, 2010, and the supplemental schedule as of December 31, 2010 as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note I, which was certified by John Hancock Life Insurance Company (USA), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the certified Plan assets and executes related transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America as established by the American Institute of Certified Public Accountants and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Miami, Florida

October 5, 2011

Florida Marlins, L.P. 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	<u>2010</u>	<u>2009</u>
Investments, at fair value	\$ 4,085,453	\$ 3,470,604
Notes receivable from participants	<u>95,962</u>	<u>111,865</u>
Net assets available for benefits	<u>\$ 4,181,415</u>	<u>\$ 3,582,469</u>

The accompanying notes are an integral part of these financial statements.

Florida Marlins, L.P. 401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2010

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 555,909
Dividend and interest income	<u>53</u>

Net investment income	555,962
-----------------------	---------

Interest income on notes receivable from participants	3,357
---	-------

Contributions:

Participant	<u>426,071</u>
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Total contributions	<u>426,071</u>
---------------------	----------------

Total additions	985,390
-----------------	---------

Deductions from net assets attributed to:

Benefits paid to participants	375,466
Administrative expenses	<u>10,978</u>

Total deductions	<u>386,444</u>
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Net increase in net assets available for benefits	598,946
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Net assets available for benefits at beginning of year	<u>3,582,469</u>
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Net assets available for benefits at end of year	<u>\$ 4,181,415</u>
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The accompanying notes are an integral part of this financial statement.

Florida Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

NOTE A - DESCRIPTION OF PLAN

The following description of the Florida Marlins, L.P. 401(k) Plan (the "Plan"), provides general information only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established by the plan sponsor, Florida Marlins, L.P. (the "Company") on February 16, 2002. The Plan is a defined contribution plan covering employees over the age of 21 with at least one year of service, as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions

Each year, participants may elect to have the Company defer a percentage of their eligible wages with an annual limit of \$16,500 in 2010. Participants may also contribute amounts representing distributions from other qualified plans ("rollovers"). Additionally, any employee who reaches age 50 during the 2010 calendar year is eligible to contribute an additional "catch-up" contribution up to an Internal Revenue Service (the "IRS") maximum. There is no Company matching.

Participant Accounts

Each participant's account is credited with the elective deferral contribution and an allocation of Plan earnings. Allocations of the Plan's earnings are based on participant's account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately fully vested in their contributions and the earnings thereon.

Investment Options

Participants direct the investment of their contributions plus actual earnings thereon into various investment options offered by the Plan. Participants may change their investment options daily.

Notes Receivable from Participants

Under the terms of the Plan, a participant may borrow a minimum amount of \$1,000 and up to a maximum equal to the lesser of 50% of their vested account balance or \$50,000. The loans are secured by the balance in the participant's account. The loans bear interest at rates commensurate with local prevailing rates at the date of issuance, as determined by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

(continued)

Florida Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

NOTE A - DESCRIPTION OF PLAN - Continued

Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant (or the participant's beneficiary) may elect to receive an amount equal to the value of the vested interest in a lump-sum payment. Participants may also withdraw funds from their account when they reach the age of 59½ or in the event of financial hardship.

Upon termination of service, vested amounts of \$5,000 or less are automatically distributed to the participant or rolled over to another qualified plan at the request of the participant. Vested amounts exceeding \$5,000 in such terminated participant's accounts are maintained until retirement, disability, or death unless the participant elects to receive the entire vested amount in a lump-sum payment or has a direct rollover to another qualified plan. Payment will occur within one year of such election. The Company allows participants upon their retirement to receive distributions of their vested amounts in a lump-sum payment. Benefits are recorded as deductions from net assets available for benefits when paid.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

Risks and Uncertainties

The Plan provides for investment options in a variety of investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, market volatility, and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

(continued)

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

NOTE B - SUMMARY OF ACCOUNTING POLICIES - Continued

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on an accrual basis.

Net Appreciation in Fair Value of Investments

Net realized and unrealized appreciation of investments is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation in fair value of investments and includes gains and losses on investments bought and sold as well as held during the year.

Adoption of New Accounting Standards

In September 2010, FASB issued an amendment, Plan Accounting – Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans, which provides guidance on how loans to participants should be classified and measured by defined contribution plans. That guidance requires participant loans to be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan adopted this new guidance in its December 31, 2010 financial statements and has reclassified participants loans of \$111,865 at December 31, 2009 from investments to notes receivable from participants. Net assets of the Plan were not affected by the adoption of the new guidance.

In January 2010, the FASB issued guidance that clarifies existing disclosures and requires new disclosures about fair value measurements. The clarifications and the requirement to disclose the amounts and reasons for significant transfers between Level 1 and Level 2 and significant transfers into and out of Level 3 of the fair value hierarchy are effective for periods beginning after December 15, 2009. The new requirement that purchases, sales, issuances, and settlements be presented gross in the Level 3 reconciliation is effective for fiscal years beginning after December 15, 2010 and for interim periods within those years, with early adoption permitted. Since this new guidance only amends the disclosure requirements, it will not have any impact on the Plan's statement of net assets or statement of changes in net assets.

(continued)

Florida Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

NOTE B - SUMMARY OF ACCOUNTING POLICIES - Continued

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are reclassified as distributions based upon the terms of the Plan document.

Administrative Expenses

The Company pays most administrative expenses associated with the Plan. Expenses relating to Plan investments are paid by the Plan and borne on a pro-rata basis by each participant. Expenses paid by the Plan were \$10,978 for the year ended December 31, 2010.

NOTE C - INVESTMENTS

The following presents investments that represent five percent or more of the Plan's net assets as of December 31:

	<u>2010</u>	<u>2009</u>
Lifestyle Growth Fund	\$ 726,152	\$ 802,786
Lifestyle Balanced Fund	661,184	463,254
Lifestyle Aggressive Growth Fund	434,969	319,351

During 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$555,909 all of which relate to the pooled separate account investments.

NOTE D - FAIR VALUE MEASUREMENTS

The Plan adopted FASB ASC 820, *Fair Value Measurements and Disclosures for Financial Assets and Liabilities* (ASC 820), which defines fair value as an exit price, representing that amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or liability.

As a basis for considering such assumptions, ASC 820 established a three-level fair value hierarchy that prioritizes the inputs used to measure fair value.

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

(continued)

Florida Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

NOTE D - FAIR VALUE MEASUREMENTS - Continued

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Investments in pooled separate accounts are stated at fair value, as determined by the unit value reported by John Hancock Life Insurance Company (USA) by dividing the fund's net assets at fair value by units outstanding. Investments in the guaranteed interest account are stated at fair value, as determined by discounting the related cash flows based on current yields of similar instruments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:				
Lifestyle	\$ -	\$ 1,882,812	\$ -	\$ 1,882,812
Growth	-	932,175	-	932,175
Aggressive growth	-	594,662	-	594,662
Growth and income	-	275,455	-	275,455
Income	-	274,984	-	274,984
Conservative	-	19,319	-	19,319
Lifecycle	-	102,667	-	102,667
Guaranteed interest account	-	-	3,379	3,379
Total assets at fair value	<u>\$ -</u>	<u>\$ 4,082,074</u>	<u>\$ 3,379</u>	<u>\$ 4,085,453</u>

(continued)

Florida Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

NOTE D - FAIR VALUE MEASUREMENTS - Continued

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2010:

Balance, beginning of year	\$ 2,872
Purchases, sales, issuances and settlements (net)	<u>507</u>
Balance, end of year	<u>\$ 3,379</u>

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the accompanying statement of changes in net assets available for benefits.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Pooled separate accounts:				
Lifestyle	\$ -	\$ 1,640,998	\$ -	\$ 1,640,998
Growth	-	611,478	-	611,478
Aggressive growth	-	467,822	-	467,822
Growth and income	-	212,610	-	212,610
Income	-	220,785	-	220,785
Conservative	-	125,889	-	125,889
Lifecycle	-	188,150	-	188,150
Guaranteed interest account	<u>-</u>	<u>-</u>	<u>2,872</u>	<u>2,872</u>
Total assets at fair value	<u>\$ -</u>	<u>\$ 3,467,732</u>	<u>\$ 2,872</u>	<u>\$ 3,470,604</u>

NOTE E - INVESTMENT CONTRACT WITH INSURANCE COMPANY (John Hancock)

The Plan entered into a non-benefit responsive investment contract with John Hancock Life Insurance Company (USA) (the "Trustee") within contract number 15913. The Trustee maintains the contributions in a general account to which it adds interest at a rate that is reset at least monthly (0.44% and 1.03% at December 31, 2010 and 2009, respectively).

NOTE F - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has reserved the right to terminate the Plan, subject to the provisions of ERISA. If the Plan should be terminated, the participants' rights to their accrued benefits are nonforfeitable.

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

NOTE G - TAX STATUS

The Company adopted a Prototype Non-Standardized Profit Sharing Plan with a deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) on November 27, 2001, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the opinion letter. Plan management believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC, and accordingly is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of both December 31, 2010 and 2009, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE H - RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by the Trustee and, therefore, these transactions qualify as party-in-interest transactions. Certain administrative expenses of the Plan are paid by the Company.

NOTE I - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee certified that the following data included in the financial statements and supplemental schedule are complete and accurate:

- a. Investments and notes receivable from participants, as shown in the accompanying statements of net assets available for benefits as of December 31, 2010 and 2009, respectively.
- b. Net investment income and interest income on notes receivable from participants, as shown in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2010.
- c. Schedule H, Line 4i - Schedule of Assets (Held at End of Year), December 31, 2010.

The Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information certified by the Trustee to the related information included in the financial statements and supplemental schedule.

Florida Marlins, L.P. 401(k) Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2010 and 2009

NOTE J - SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2010 financial statements for subsequent events through October 5, 2011, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

Florida Marlins, L.P. 401(k) Plan

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

December 31, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Investment contract with John Hancock Life Insurance Company (USA), #15913:			
*	Lifestyle Conservative Fund	Pooled Separate Account	**	\$ 5,414
*	Lifestyle Moderate Fund	Pooled Separate Account	**	55,093
*	Lifestyle Balanced Fund	Pooled Separate Account	**	661,184
*	Lifestyle Growth Fund	Pooled Separate Account	**	726,152
*	Lifestyle Aggressive Growth Fund	Pooled Separate Account	**	434,969
*	Short-Term Federal Fund	Pooled Separate Account	**	26,512
*	Spectrum Income Fund	Pooled Separate Account	**	4,473
*	TRP Equity Income Fund	Pooled Separate Account	**	41,107
*	Beacon Fund	Pooled Separate Account	**	38,324
*	Balance Sheet Fund	Pooled Separate Account	**	25,237
*	Discovery Fund	Pooled Separate Account	**	28,420
*	Lord Abbett Mid Cap Value	Pooled Separate Account	**	14,218
*	Small Value Fund	Pooled Separate Account	**	70,795
*	Utilities Fund	Pooled Separate Account	**	48,693
*	Contra Fund	Pooled Separate Account	**	124,185
*	World Fund	Pooled Separate Account	**	19,104
*	Global Fund	Pooled Separate Account	**	46,562
*	Energy Fund	Pooled Separate Account	**	117,579
*	JH Franklin Small-Mid Growth	Pooled Separate Account	**	61,488
*	LM Partners GLB High Yield	Pooled Separate Account	**	11,819
*	Health Science Fund	Pooled Separate Account	**	29,339
*	Developing Markets Fund	Pooled Separate Account	**	196,925
*	T. Rowe Price Science and Technology Fund	Pooled Separate Account	**	60,945
*	VS Quantitative Value Fund	Pooled Separate Account	**	1,041
*	Index 500 Fund	Pooled Separate Account	**	91,012
*	Index Total Fund	Pooled Separate Account	**	60,366
*	VS Quantitative AC Fund	Pooled Separate Account	**	12,276
*	Index Mid Fund	Pooled Separate Account	**	47,511
*	Index International Fund	Pooled Separate Account	**	20,333
*	Index Small Fund	Pooled Separate Account	**	50,465
*	PIMCO Real Return	Pooled Separate Account	**	10,265
*	DFA Emerging Markets Value	Pooled Separate Account	**	48,274
*	RiverSource Mid Cap Value	Pooled Separate Account	**	720
*	DFA International Value	Pooled Separate Account	**	639
*	PIMCO Total Return Fund	Pooled Separate Account	**	66,132
*	PIMCO Global Bond	Pooled Separate Account	**	45,518
*	PIMCO All Asset	Pooled Separate Account	**	26,672
*	VS International Value Fund	Pooled Separate Account	**	38,073
*	Mid Cap Stock Fund	Pooled Separate Account	**	7,004
*	Aggressive Growth Fund	Pooled Separate Account	**	71,202

(continued)

Florida Marlins, L.P. 401(k) Plan

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR) - CONTINUED**

December 31, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Investment contract with John Hancock Life Insurance Company (USA), #15913 (continued):			
*	Small Cap Growth Index	Pooled Separate Account	**	\$ 13,538
*	Money Market Fund	Pooled Separate Account	**	19,319
*	Legg Partners Aggressive Growth	Pooled Separate Account	**	75,581
*	International Small Cap Fund	Pooled Separate Account	**	2,568
*	Small Cap Opportunities Fund	Pooled Separate Account	**	4,318
*	Mid Value Fund	Pooled Separate Account	**	3,634
*	Total Bond Market Fund	Pooled Separate Account	**	1,776
*	Bridgeway Ultra-Small Co.	Pooled Separate Account	**	6,911
*	Royce Opportunity	Pooled Separate Account	**	28,409
*	AF EuroPacific Fund	Pooled Separate Account	**	35,557
*	Growth Fund of America	Pooled Separate Account	**	4,092
*	Columbia Value & Restructuring	Pooled Separate Account	**	54,812
*	Davis New York Venture	Pooled Separate Account	**	67,218
*	Washington Mutual Investors	Pooled Separate Account	**	14,492
*	American Balanced Fund	Pooled Separate Account	**	29,895
*	Lifecycle 2020	Pooled Separate Account	**	3,996
*	Lifecycle 2025	Pooled Separate Account	**	17,168
*	Lifecycle 2035	Pooled Separate Account	**	6,866
*	Lifecycle 2040	Pooled Separate Account	**	54,384
*	Lifecycle 2045	Pooled Separate Account	**	19,885
*	3 Year Comp Fund	Guaranteed Interest Account	**	3,379
*	Small Growth	Pooled Separate Account	**	6,790
*	Blue Chip Growth Fund	Pooled Separate Account	**	54,049
*	Real Estate Securities Fund	Pooled Separate Account	**	42,782
*	Science and Technology Fund	Pooled Separate Account	**	7,171
*	Lifecycle 2010	Pooled Separate Account	**	368
*	JK American Funds Inv Co AM	Pooled Separate Account	**	6,801
*	Small Cap Value Index	Pooled Separate Account	**	11,376
*	DFA US Small Cap Fund	Pooled Separate Account	**	6,576
*	Explorer Fund	Pooled Separate Account	**	141
*	International Growth Fund	Pooled Separate Account	**	423
*	Strategic Income Opp Fund	Pooled Separate Account	**	3,803
*	Capital Appreciation Fund	Pooled Separate Account	**	24,746
*	Financial Services Fund	Pooled Separate Account	**	7,589
*	Notes receivable from participants	Participant loans (Interest rates ranging from 3.25% to 5%)		<u>95,962</u>
		Total		<u>\$ 4,181,415</u>

* Represents a party-in-interest

** Not applicable as the Plan is participant directed

Schedule of Assets Held for Investment Purposes At End of Year
Schedule H, Line 4i

Employer: Florida Marlins, L.P.
 EIN: 65-0967217
 Plan 001

(a)	(b)	(c)	(d)	(e)
	Indentity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	3 Year Comp Fund	Guaranteed Account		3379
	LC 2010	Pooled Account		373
	LC 2020	Pooled Account		3996
	LC 2025	Pooled Account		17168
	LC 2035	Pooled Account		6866
	LC 2040	Pooled Account		54384
	LC 2045	Pooled Account		19885
	LS - Conservative Fund	Pooled Account		5414
	LS - Moderate Fund	Pooled Account		55093
	LS - Balanced Fund	Pooled Account		661184
	LS - Growth Fund	Pooled Account		726152
	LS - Aggressive Growth Fund	Pooled Account		434969
	Short-Term Federal Fund	Pooled Account		26512
	Real Return Fund	Pooled Account		10265
	Total Return Fund	Pooled Account		66132
	Global Bond Fund	Pooled Account		45518
	Spectrum Income Fund	Pooled Account		4473
	High Yield Fund	Pooled Account		11819
	All Asset Fund	Pooled Account		26672
	AF Am Balanced Fund	Pooled Account		29895
	AF ICA Fund	Pooled Account		6801
	AF Washington Mutual Fund	Pooled Account		14492
	TRP Equity Income Fund	Pooled Account		41107
	NY Venture Fund	Pooled Account		67218
	Beacon Fund	Pooled Account		38324
	Balance Sheet Fund	Pooled Account		25237
	Discovery Fund	Pooled Account		28420
	Mid Cap Value Fund	Pooled Account		14218
	Riv Mid Value Fund	Pooled Account		720
	Small Value Fund	Pooled Account		70795
	Utilities Fund	Pooled Account		48693
	Value & Restructuring Fund	Pooled Account		54812
	Contra Fund	Pooled Account		124185
	AF Growth Fund	Pooled Account		4092
	SM Cap Value Income Fund	Pooled Account		11376
	World Fund	Pooled Account		19104
	Global Fund	Pooled Account		46562
	Europac Fund	Pooled Account		35557
	International Value Fund	Pooled Account		639
	Energy Fund	Pooled Account		117579
	LMC Aggressive Growth Fund	Pooled Account		75581
	Vista Fund	Pooled Account		71202

Schedule of Assets Held for Investment Purposes At End of Year
Schedule H, Line 4i

Employer: Florida Marlins, L.P.
 EIN: 65-0967217
 Plan 001

(a)	(b)	(c)	(d)	(e)
	Indentity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Small Cap Growth Income Fund	Pooled Account		13538
	US Small Cap Fund	Pooled Account		6576
	Opportunity Fund	Pooled Account		28409
	Small Mid Growth Fund	Pooled Account		61488
	Small Growth Fund	Pooled Account		6790
	Ultra Small Company Fund	Pooled Account		6911
	Health Science Fund	Pooled Account		29339
	Emerging Market Fund	Pooled Account		48274
	Developing Market Fund	Pooled Account		196925
	Science & Technology Fund	Pooled Account		60945
	Explorer Fund	Pooled Account		141
	International Growth Fund	Pooled Account		423
	VS Money Fund	Pooled Account		19319
	Total Bond Market Fund	Pooled Account		1776
	Optimized Value Fund	Pooled Account		1041
	Index 500 Fund	Pooled Account		91012
	VS Mid Value Fund	Pooled Account		3634
	Small Opportunities Fund	Pooled Account		4318
	VS Real Estate Securities Fund	Pooled Account		42782
	Index Total Fund	Pooled Account		60366
	VS Blue Chip Fund	Pooled Account		54049
	Optimized All Cap Fund	Pooled Account		12276
	Index Mid Fund	Pooled Account		47511
	VS International Value Fund	Pooled Account		38073
	Index International Fund	Pooled Account		20333
	VS International Small Cap Fund	Pooled Account		2568
	VS Mid Cap Stock Fund	Pooled Account		7004
	Index Small Fund	Pooled Account		50465
	VS Science & Technology Fund	Pooled Account		7171
	VS Strategic Income Fund	Pooled Account		2803
	VS Capital Appreciation Fund	Pooled Account		24746
	VS Financial Fund	Pooled Account		7589
	Participant Loan Fund	various maturity dates and interest rates		95962