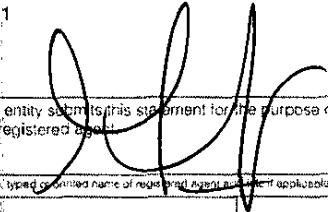
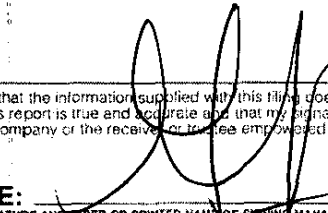


FILED
Aug 16, 2004 8:00 am
Secretary of State

05-14-2004 90447 001 ****50.00
08-16-2004 90133 022 *****5.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000040049			
1. Entity Name SWIM WITH THE DOLPHINS, LLC			
Principal Place of Business 501 BRICKELL KEY DR., STE. 602 MIAMI, FL 33131		Mailing Address 501 BRICKELL KEY DR., STE. 602 MIAMI, FL 33131	
2. Principal Place of Business 1401 Brickell Avenue		3. Mailing Address Same	
Suite, Apt. #, etc. 500		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33131	Country	Zip	Country
4. FEI Number 77-0627882		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent VAZQUEZ, GERARDO A ESQ 501 BRICKELL KEY DR., STE. 602 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Vazquez, Gerardo, A ESQ Street Address (P.O. Box Number is Not Acceptable) 1401 Brickell Avenue Suite 500 City Miami, FL FL Zip Code 33131	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent, if applicable.		Gerardo A. Vazquez 8/12/04 DATE	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONSTANDSE, OSCAR 501 BRICKELL KEY DR., STE. 602 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Constandse, Oscar 1401 Brickell Ave. Suite 500 Miami, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORTES, HERZEN 501 BRICKELL KEY DR., STE. 602 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cortes, Herzen 1401 Brickell Ave. Suite 500 Miami, FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Gerardo A. Vazquez 8/12/04 Date (305) 371-8064 Daytime Phone #	