

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000054816

1. Entity Name

EXPERIENCE WILD DOLPHINS, LLC



Principal Place of Business

C/O JAMES R. MEROLA, ESQ.
11380 PROSPERITY FARMS ROAD, SUITE #204
PALM BEACH GARDENS, FL 33410-3477

Mailing Address

EXPERIENCE WILD DOLPHIN LLC
PO BOX 242
PALM BEACH, FL 33480



04212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0633886

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEROLA, JAMES R
11380 PROSPERITY FARMS ROAD
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CORIS, ELLEN
STREET ADDRESS	PO BOX 242
CITY-ST-ZIP	PALM BEACH, FL 33480

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05/09/06-80063-020 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ellen Coris

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

April 28, 06 561-313-5139

Date

Daytime Phone #