

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90332 046 ****50.00



DOCUMENT # L05000016222

1. Entity Name
 PURA VIDA ENTERPRISES, L.L.C.

Principal Place of Business
 112 N. EAST STREET
 SUITE B
 TAMPA, FL 33602

Mailing Address
 112 N. EAST STREET
 SUITE B
 TAMPA, FL 33602

00047379



2. Principal Place of Business - No P.O. Box #
 2240 Belleair Rd
 Suite, Apt. #, etc.
 Suite 190

3. Mailing Address
 2240 Belleair Rd
 Suite, Apt. #, etc.
 Suite 190

04302007 Chg-LLC CR2E083 (12/06)

City & State
 Clearwater FL

Zip Country
 33764 US

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LUKE CHARLES LIROT, P.A.
 112 N. EAST STREET
 SUITE B
 TAMPA, FL 33602

7. Name and Address of New Registered Agent
 Name
 Luke Charles Lirot, P.A.
 Street Address (B.O. Box Number is Not Acceptable)
 2240 Belleair Rd
 Suite 190
 City
 Clearwater FL Zip Code
 33764

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 Luke Lirot Luke Lirot DATE 4-30-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEADERSHIP ENHANCEMENT DEVELOPMENT, L.L.C. <input checked="" type="checkbox"/> Delete 112 N. EAST STREET, SUITE B TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM E-PAY SOLUTIONS, L.L.C. (WASHINGTON) <input checked="" type="checkbox"/> Delete 8808 113RD AVENUE NORTHEAST REDMOND, WA 98052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LIROT, LUKE C 2240 Belleair Rd, Suite 190 Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Luke Lirot DATE 4-30-07 DAYTIME PHONE # (787) 536-2100

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