



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90001 005 \*\*\*\*55.00

<b>DOCUMENT # L05000059921</b> 1. Entity Name PURA VIDA, LLC					
Principal Place of Business 2264 SW 33RD WAY FORT LAUDERDALE, FL 33312			Mailing Address 2264 SW 33RD WAY FORT LAUDERDALE, FL 33312		
2. Principal Place of Business <i>SAME AS ABOVE</i> Suite, Apt. #, etc.		3. Mailing Address <i>SAME AS ABOVE</i> Suite, Apt. #, etc.			
City & State		City & State		07122006    Chg-LLC    CR2E083 (11/05)	
Zip		Country		4. FEI Number <i>59-3808602</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  GOODWIN, ANTHONY L 2264 SW 33RD WAY FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name <i>NOT APPLICABLE</i> Street Address (P.O. Box Number is Not Acceptable)  City <i>FL</i> Zip Code		
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 <i>NOT APPLICABLE</i> (NOTE: Registered Agent signature required when reinstating)    DATE					
Filing Fee is \$50.00 Due by September 6, 2006		<b>Make check payable to: Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODWIN, ANTHONY L 2264 SW 33RD WAY FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOODWIN, STEPHANIE S 2264 SW 33RD WAY FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		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"/> Delete	<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"/> Delete	<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"/> Delete	<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.					
<b>SIGNATURE:</b> <i>T. Goodwin</i> <i>Anthony Goodwin</i> <i>8/12/06</i> <i>(954)629-1772</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					