2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000007272

1. Entity Name

HUMAN PERFORMANCE CENTER L.L.C.



FILED Feb 01, 2007 08:00 AM Secretary of State

Principal Place of Business

50 SW 2ND AVENUE

SUITE 102

BOCA RATON, FL 33432

Mailing Address

50 SW 2ND AVENUE

SUITE 102

BOCA RATON, FL 33432



01282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1019423 Applied For Not Applicable

5. Certificate of Status Desired

(\$

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTANA, JUAN CARLOS 438 N.W. 13TH ST. BOCA RATON, FL 33432

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| 3. | The above named entity submits this statement for the purpose of chathe obligations of registered agent. | anging its registered office or registered agent, o | r both, in the State of Florida. | I am familiar with, and accept |
|----|--|---|----------------------------------|--------------------------------|
| SI | IGNATURE | (NOTE, Registered Agent signature required when reinstative | (0 | DATE |
| | | | | : |

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

1/00/000616879 02/07/07-80049-003_55.00

| 9. | 9. MANAGING MEMBERS/MANAGERS | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JUAN CARLOS SANTANA 438 N.W. 13TH ST. BOCA RATON, FL 33432 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AVIROM, MICHAEL D 581 GOLDEN HARBOUR DRIVE BOCA RATON, FL 33432 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TUNDISI, EUGENIO A 390 NE 5TH AVENUE BOCA RATON, FL 33432 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS | | | |

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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:

CITY-ST-ZIP

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

Michael D. Avirom

1/29/07

Date

(561) 392-2594

Daytime Phone #