



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L00000007272 1. Entity Name HUMAN PERFORMANCE CENTER L.L.C.	
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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
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DO NOT WRITE IN THIS SPACE

	
03122008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 65-1019423	Applied For Not Applicable
5. Certificate of Status Desired XXX	\$5.00 Additional Fee Required

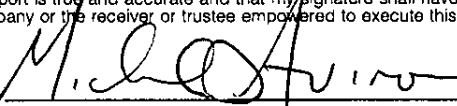
6. Name and Address of Current Registered Agent SANTANA, JUAN CARLOS 438 N.W. 13TH ST. BOCA RATON, FL 33432
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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 CITY-ST-ZIP	

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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: 	Michael D. Avirom 3/13/08 (561) 392-2594	Date _____ Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		