2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L00000007272

Entity Name: HUMAN PERFORMANCE CENTER L.L.C.

Current Principal Place of Business:

50 SW 2ND AVENUE
SUITE 102
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

50 SW 2ND AVENUE
SUITE 102
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-1019423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JUAN CARLOS SANTANA,
Address: 438 N.W. 13TH ST.
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete
Name: AVIROM, MICHAEL D
Address: 581 GOLDEN HARBOUR DRIVE
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete
Name: TUNDISI, EUGENIO A
Address: 390 NE 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SANTANA, JUAN C
Address: 438 N.W. 13TH ST.
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGRM 01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date