2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L03000053426

Entity Name: THE HUMAN CAPITAL GROUP, LLC

Current Principal Place of Business:

319 CLEMATIS STREET
SUITE 408
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

319 CLEMATIS STREET
SUITE 408
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 20-0822937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, CAROLE
319 CLEMATIS STREET
SUITE 408
WEST PALM BEACH, FL 33401 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: ASSAD, RIAD B
Address: 319 CLEMATIS STREET SUITE 408
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: MGRM ( ) Delete
Name: US CREDENTIAL, INC.,
Address: 19522 BLACK OLIVE LANE
City-St-Zip: BOCA RATON, FL 33498 US

Title: MGRM ( ) Delete
Name: ARNOLD, JOHN S
Address: 2921 NW 112TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES:

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

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: RIAD B ASSAD MGRM 04/28/2008

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