

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076291

FILED
Jul 09, 2006
Secretary of State

Entity Name: THE HUMAN INVESTMENT, L.L.C.

Current Principal Place of Business:

777 EAST ATLANTIC AVE., SUITE Z-155
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

777 EAST ATLANTIC AVE., SUITE Z-155
DELRAY BEACH, FL 33483

New Mailing Address:

777 EAST ATLANTIC AVE.,
Z-155
DELRAY BEACH, FL 33483

FEI Number: 20-2106832 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHRISTENSEN, KRISIN RUTH
17 NE 6TH STREET
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

CHRISTENSEN, KRISTIN R
777 E. ATLANTIC AVE.
Z-155
DELRAY BEACH, FL 33483 US

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: KRISTIN R. CHRISTENSEN

07/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHRISTENSEN, KRISTIN
Address: 17 NE 6TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHRISTENSEN, KRISTIN
Address: 777 E. ATLANTIC AVE. Z-155
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the 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: KRISTIN R. CHRISTENSEN

MS.

07/09/2006

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