2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000042345

1. Entity Name
LEUGERS CLINICAL RESEARCH, L.L.C.

Principal Place of Business	Mailing Address
10070 VALIANT COURT, STE. 101 MIROMAR LAKES, FL 33913	2262 POMPANO AVENUE READING, OH 45215

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
56-2511928		Not Applicable
5. Certificate of Status Desired	☑	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, WILLIAM H
7100 SOUTH U.S. HIGHWAY 17-92
FERN PARK, FL 32730

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEUGERS, CLAIRE L
STREET ADDRESS	10070 VALIANT COURT, STE. 101
CITY-ST-ZIP	MIROMAR LAKES, FL 33913

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01/22/07-80064-021 55.00

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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: *Claire L Leugers*   CLAIRE L. LEUGERS   1/14/07   513-113-6507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #