
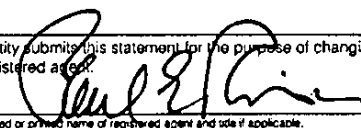



## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000100108</b>					
1. Entity Name EUGENE M. AND CHRISTINE E. LYNN CLINICAL RESEARCH INSTITUTE, LLC					
Principal Place of Business 800 MEADOWS ROAD BOCA RATON, FL 33486		Mailing Address 800 MEADOWS ROAD BOCA RATON, FL 33486			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3619766	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent RISNER, PAUL E ESQ 800 MEADOWS ROAD BOCA RATON, FL 33486				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRCH Foundation, Inc. <input type="checkbox"/> Delete 800 Meadows Road Boca Raton, FL 34846		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BRCH Foundation, Inc. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 800 Meadows Road BOCA RATON, FL 34846	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  4/28/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

20043326



01272006 Chg-LLC CR2E083 (11/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 MAY 30 PM 3:36

ATTACHMENT

26043324

#L05000100108

**PLEASE RETURN**

**CERTIFICATE OF STATUS TO:**

**DEBBIE L. GALLUZZO  
ADMINISTRATION DEPT.  
BOCA RATON COMMUNITY  
HOSPITAL  
800 MEADOWS ROAD  
BOCA RATON, FLORIDA 33498**

**THANK YOU**