

FILED
Feb 12, 2008 8:00 am
Secretary of State


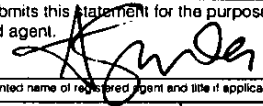
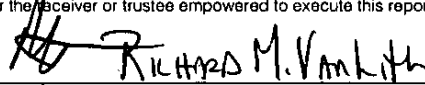
02-12-2008 90066 003 ***143.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

60007648



01242008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000100108			
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 - No P.O. Box #		3. Mailing Address c/o ANNE Sussla Esq 800 MEADOWS ROAD Boca Raton, FL City & State: Boca Raton, FL Zip: 33486 Country: USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		33486	USA
4. FEI Number 20-3619766		Applied For <input type="checkbox"/> 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: ANNE Sussla Esq Street Address (P.O. Box Number is Not Acceptable): 800 MEADOWS ROAD City: Boca Raton FL Zip: 33486	
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: 1-28-08			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRCH FOUNDATION, INC. 800 MEADOWS ROAD BOCA RATON, FL 33486 <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
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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:  1/31/08 (5u) 955-4200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			