

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F06000007598  
 1. Entity Name  
 ELMAN TALLAHASSEE ASSOCIATES GP, INC.



Principal Place of Business      Mailing Address  
 450 PARK AVE SUITE 2704      450 PARK AVE SUITE 2704  
 NEW YORK, NY 10022      NEW YORK, NY 10022

**DO NOT WRITE IN THIS SPACE**



04252007    No Chg-P    CR2E034 (11/05)

4. FEI Number 20-5941734	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 NRAI SERVICES INC  
 2731 EXECUTIVE PARK DR SUITE 4  
 WESTON, FL 33331

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ELMAN, LEE M 450 PARK AVE SUITE 2704 NEW YORK, NY 10022
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U00000739098  
 05/14/07-80011-010 508.75

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lee M. Elman      LEE M. ELMAN      4-26-07      (212) 838-2707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #