


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000011850

1. Entity Name
MIDTOWN TALLAHASSEE, INC.



Principal Place of Business
1168 E TENNESSEE ST
TALLAHASSEE, FL 32308

Mailing Address
PO BOX 3934
TALLAHASSEE, FL 32315-3934



02192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0392431

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DESMOND, SEAN T ESQ
1210 E PARK AVE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 *Sean T Desmond* DATE 2/20/08

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U00000898642
04/25/08-80016-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DESMOND, SEAN T
STREET ADDRESS	1168 E TENNESSEE ST
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	TROTMAN, BARRY
STREET ADDRESS	1168 E TENNESSEE ST
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	PHILLIPS, JAMEY
STREET ADDRESS	1168 E TENNESSEE ST
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	NADDY, TIMOTHY
STREET ADDRESS	1168 E TENNESSEE ST
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	VANSICKLE, ERIN
STREET ADDRESS	1168 E TENNESSEE ST
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	ULRICH, KYLE
STREET ADDRESS	1168 E TENNESSEE ST
CITY-ST-ZIP	TALLAHASSEE, FL 32308

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Sean T Desmond* DATE 2/20/08 DAYTIME PHONE # 850-222-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #