


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000048240 1. Entity Name ELM MANAGEMENT GROUP, LLC	
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FILED

07 APR 30 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 216 OAKLAND AVE. OAK OFFICES SUITE 5 TALLAHASSEE, FL 32316	Mailing Address 216 OAKLAND AVE. OAK OFFICES SUITE 5 TALLAHASSEE, FL 32316
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2. Principal Place of Business - No P.O. Box # 1114 Thomasville Road Suite, Apt. #, etc. Suite R	3. Mailing Address P.O. Box 2601 Suite, Apt. #, etc.
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04302007 Chg-LLC CR2E083 (12/06)

City & State Tallahassee FL	City & State Tallahassee Florida		
Zip 32304	Country Leon	Zip 32316	Country Leon

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent MONTGOMERY, EVERETT 216 OAKLAND AVE. SUITE 5 TALLAHASSEE, FL 32316	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	BK	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	Montgomery Everett	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTOMERY, EVERETT		NAME	1114 Thomasville Road	
STREET ADDRESS	216 OAKLAND AVE.		STREET ADDRESS	Tallahassee, FL 32304	
CITY-ST-ZIP	TALLAHASSEE, FL 32316		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Everett Montgomery* 4/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #