# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 14, 2006**
**Secretary of State**

DOCUMENT# N04000008948

**Entity Name:** ELLMAN FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

730 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

730 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

**FEI Number: 20-1675201** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

BERK, ARTHUR J
848 BRICKELL AVE.
SUITE 200
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ELLMAN, JACOB L
Address: 730 W. MCNAB ROAD
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: V ( ) Delete
Name: ELLMAN, ELAINE
Address: 730 W. MCNAB ROAD
City-St-Zip: FT. LAUDERDALE,, FL 33309 US

Title: V ( ) Delete
Name: ELLMAN, NEIL
Address: 730 W. MCNAB ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: V ( ) Delete
Name: ELLMAN, LANCE
Address: 730 W. MCNAB ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309 US

Title: V ( ) Delete
Name: BERK, ARTHUR J
Address: 848 BRICKELL AVE., SUITE 200
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL ELLMAN V 06/14/2006

Electronic Signature of Signing Officer or Director — Date