


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90004 025 ****50.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # M00000000233 1. Entity Name 225 NORTH FEDERAL HIGHWAY LLC | | | |  | |
| Principal Place of Business 1500 W. CYPRESS CREEK ROAD, SUITE 409 FT. LAUDERDALE, FL 33309 | | | Mailing Address 1500 W. CYPRESS CREEK ROAD, SUITE 409 FT. LAUDERDALE, FL 33309 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02232004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 65-0977946 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRENNER, SCOTT P 1500 W. CYPRESS CREEK ROAD, SUITE 409 FT. LAUDERDALE, FL 33309 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZENCARI ST LLC 1500 W. CYPRESS CREEK ROAD, SUITE 409 FT. LAUDERDALE, FL 33309 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOROWITZ, HYMAN 3195 N POWERLINE RD #104 POMPAHO BEACH, FL 33069 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | BRENNER, SCOTT Brenner Real Estate Group 1500 W Cypress Creek Rd., Ste. 409 Ft. Lauderdale, FL 33309 | |
| 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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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ | | | Date 4/28/04 Daytime Phone # | | |