

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

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



03232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0977946

Applied For
Not Applicable

5. Certificate of Status Desired



\$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

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ATLANTIC TOWER REALTY HOLDINGS
STREET ADDRESS	1500 W. CYPRESS CREEK ROAD, SUITE 409
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309

TITLE	D
NAME	BRENNER, SCOTT
STREET ADDRESS	1500 W. CYPRESS CREEK RD., STE 409
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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04/16/07-80047-003 55.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-3-07

Date

9545965555

Daytime Phone #