


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # M00000000233 1. Entity Name 225 NORTH FEDERAL HIGHWAY LLC	
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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
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DO NOT WRITE IN THIS SPACE



04172008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0977946	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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
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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

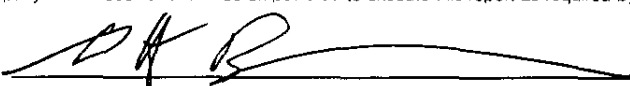
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLANTIC TOWER REALTY HOLDINGS 1500 W. CYPRESS CREEK ROAD, SUITE 409 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNER, SCOTT 1500 W. CYPRESS CREEK RD., STE 409 FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/22/08-80057-025 143.75

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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

Date _____ Daytime Phone # _____