## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M00000000246

1. Entity Name

ATLANTIC TOWER REALTY HOLDINGS, LLC



**FILED** Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

1500 W CYPRESS CREEK RD

SUITE 409

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FORT LAUDERDALE, FL 33309

Mailing Address

1500 W CYPRESS CREEK RD SUITE 409

FORT LAUDERDALE, FL 33309



04172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0977895 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRENNER, SCOTT F 1500 W CYPRESS CREEK RD SUITE 409

## DO NOT WRITE

FORT LAUDERDALE, FL 33309		IN	IN THIS SPACE	
the obligat	named entity submits this statement for the purpose of cha- tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME	P BRENNER, SCOTT			
STREET ADDRESS	1500 W CYPRESS CREEK RD., STE 409	i		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309		U00000932541	
TITLE			05/22/08-80057-024 148.75	
NAME			00/ EE, 00 0000/ 0E/ 1709/0	
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 hability 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

Davlime Phone #