2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000019492

1. Entity Name
STAR XVI, LLC

Principal Place of Business	Mailing Address
2900 HARTLEY ROAD JACKSONVILLE, FL 32257	2900 HARTLEY ROAD JACKSONVILLE, FL 32257

02012007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0868768
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WODRICH, MICHAEL A
1301 RIVERPLACE BLVD., SUITE 1500
ROGERS, TOWERS, P.A.
JACKSONVILLE, FL 32207

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

U00000637009
02/26/07-80042-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FOSTER, RON JR.
STREET ADDRESS	2900 HARTLEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	MGRM
NAME	VEALE, ERNIE
STREET ADDRESS	2900 HARTLEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	MGRM
NAME	FOSTER, RYAN
STREET ADDRESS	2900 HARTLEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	MGRM
NAME	SANTARONE, MIKE
STREET ADDRESS	2900 HARTLEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	MGRM
NAME	WITT, SCOTT V
STREET ADDRESS	2900 HARTLEY ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Manager/Member 2-12-07 904-899-9441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #