2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 26, 2006 08:00 AM Secretary of State

	ANNUAL REPORT						Secretary of State				
DOCUMENT # L04000088834 1. Entity Name STAR PROPERTY V, LLC							, -	J			
Principal Place of Business 3750 WEST FLAGLER STREET MIAMI, FL 33134			Mailing Address 3750 WEST FLAGLER STREET MIAMS, FL 33134								
2. Principal Place of Business			3. Mailing Address			{					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132006	Chg-LLC	CRZED	83 (11/05	5)	
City & State			City & State			4. FEI Number 20-1968			← — ←	Applied For Not Applicable	
Zip	Country		Ζίρ	Country			of Status Desired		\$5.00 A	dditional	
	6. Name	and Address of Current R	Registered Agent			7. Name and Address of New Registered Agent					
NICOLAS ESTRELLA JR., P.A. 3750 WEST FLAGLER STREET			Name Street Address			(P.O. Box Number is Not Acceptable)					
MIAMI, FL		-1/ 0 // 1/22 /						r			
i I				City				FL	Zip Co	xde	
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 acceptate of the obligations of registered agent.										h, and accept	
SIGNATURE											
Signature, typed or printed remis of registered agent and after it applicable (NOTE, Registered Agent eignature required when reinstalling) DATE											
Fi D	iling Fee l lue by Ma	is \$50.00 y 1, 2006					Make Florida	check partme			
9.		MANAGING MEMBER	IS/MANAGERS	10.		<u> </u>	ADDITIONS/				
TITLE NAME	MGR ESTREU	.A, NICOLAS	☐ Dekete	TITLE	,	_			☐ Change	Addition	
STREET ADDRESS CATY-ST-ZIP	1		STREET ADDRESS		EET ADDRESS	U00000534416 05/06/06-80011-018 50.00					
TITLE			☐ Delete	ារប			tion our de d	Marie a -	Change		
NAME STREET ADDRESS CITY-ST-ZIP					EET ADURESS (-ST-ZP				<u>-</u>	_	
TITLE			☐ Delete	nne					☐ Change	☐ Addition	
NAME STREET ACIDRESS GITY-ST-ZIP			— -	nam Stre	ľ				-	,	
TITLE			☐ Delete	TITLE	,				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					EET ADORESS '-ST-ZIP						
TITLE NAME			☐ Delete	TITLE	(☐ Change	☐ Addillan	
STREET ADDRESS City-St-ZP				•	et aduress -ST-ZP						
TITLE NAME			☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREE CITY-	ET AUDRESS -ST-ZIP						
11. I hereby condicated limited liat	entify that the on this repor bility compan	e information supplied with it is true and accurate and th y or the receiver or trustee a	his filing does not qualify for nat my signature shall have to empowered to execute this	the exer the same report as	mptions contained in a legal effect as if ma required by Chapt	n Chapter 119, Fl ade under oath; er 608, Florida St	lorida Statutes. I fun that I am a managin atutes.	ther certify ng member	that the inf	formation per of the	
6/8/ac 205 1/12528											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE MINING MANAGER OF AUTHORIZED REPRESENTATIVE ONLY OF THE POOR OF CONTROL OF THE POOR OF											