

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090057

FILED
Apr 30, 2009
Secretary of State

Entity Name: STAR PROPERTY X, LLC

Current Principal Place of Business:

3750 WEST FLAGLER STREET
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

3750 WEST FLAGLER STREET
MIAMI, FL 33134

New Mailing Address:

FEI Number: 20-1990639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTRELLA & ASSOCIATES, P.A.
3750 WEST FLAGLER STREET
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

ESTRELLA & ASSOCIATES
3750 WEST FLAGLER STREET
MIAMI, FL 33134 US

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.

SIGNATURE: NICOLAS ESTRELLA JR.

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ESTRELLA, NICOLAS
Address: 3750 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33134

Title: MGR () Delete
Name: BURGUERA, MAYRA
Address: 3750 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33134

Title: MGRM () Delete
Name: BURGUERA, MAYRA
Address: 1155 BRICKELL BAY DR - APT 3104
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NICOLAS ESTRELLA

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date