

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90103 039 ****50.00

DOCUMENT # M01000000650

1. Entity Name
STAR XV INVESTORS, LLC



Principal Place of Business
2900 HARTLEY ROAD
JACKSONVILLE, FL 32257

Mailing Address
2900 HARTLEY ROAD
JACKSONVILLE, FL 32257



02012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3694343

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOSTER, RONALD
2900 HARTLEY ROAD
JACKSONVILLE, FL 32257

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME FOSTER, RONALD H JR.
STREET ADDRESS 2900 HARTLEY ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE MGR
NAME VEALE, ERNEST
STREET ADDRESS HARTLEY RD 2860
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE MGR
NAME TAYLOR, CHARLES
STREET ADDRESS 2900 HARTLEY ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE MGR
NAME ROBBINS, LEE A
STREET ADDRESS [REDACTED] RD
CITY-ST-ZIP [REDACTED], FL 32257

TITLE [REDACTED]
NAME [REDACTED]
STREET ADDRESS [REDACTED] RD
CITY-ST-ZIP [REDACTED], FL 32257

TITLE [REDACTED]
NAME MIKE
STREET ADDRESS [REDACTED] RD
CITY-ST-ZIP [REDACTED], FL 32257

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IN THIS SPACE**

I, the undersigned, on behalf of the entity, 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 is 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 entity, or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-12-07 904-895-9441