2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000103145

1. Entity Name

STAR XI INVESTORS, INCORPORATED

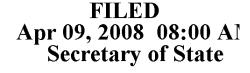


Principal Place of Business

2900 HARTLEY ROAD JACKSONVILLE, FL 32257

Mailing Address

2900 HARTLEY ROAD JACKSONVILLE, FL 32257





04032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3481834

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WODRICH, MICHAEL A 1301N RIVERPLACE BLVD SUITE 1500 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.

SIGNATUR

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000887367 04/21/08-80017-014 150.00

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10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANTARONE, MICHAEL S 2900 HARTLEY ROAD JACKSONVILLE, FL 32257				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOSTER, RONALD H JR 2900 HARTLEY ROAD JACKSONVILLE, FL 32257				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TAYLOR, CHARLES R 2900 HARTLEY ROAD JACKSONVILLE, FL 32257		DO	NOT V	VRITE:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VEALE, ERNEST A 2900 HARTLEY ROAD JACKSONVILLE, FL 32257			THIS S	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALBERTELLI, GEORGE J 2900 HARTLEY ROAD JACKSONVILLE, FL 32257				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WITT, SCOTT V 2900 HARTLEY ROAD JACKSONVILLE, FL 32257				

12. It hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes It further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver private empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41468

Daytime Phone #