


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED

2004 APR 23 PM 3: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B03000000157					
1. Entity Name ISTAR HQ 2003 LP					
Principal Place of Business 1114 AVENUE OF THE AMERICAS 27TH FLOOR NEW YORK, NY 10036		Mailing Address 1114 AVENUE OF THE AMERICAS 27TH FLOOR NEW YORK, NY 10036			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2101726	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE 05/07/04					
Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$16,900,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F03000002170	STREET ADDRESS			
NAME	ISTAR HQ 2003 GENPAR INC.	CITY-ST-ZIP			
STREET ADDRESS	1114 AVENUE OF THE AMERICAS 27TH FLOOR		000035822020		
CITY-ST-ZIP	NEW YORK, NY 10036		05/10/04--01075--017 **526.25		
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <i>Jeffrey M. Dugan</i>		SIGNATURE: <i>Geoffrey M. Dugan</i>		4/12/04 415-391-4300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		DATE		DAYTIME PHONE #	

STAPLE CHECK HERE