
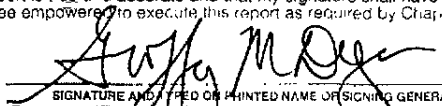


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 06, 2005 08:00 AM
Secretary of State**

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. Fil Number 54-2101726	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Numbers Not Acceptable)			Street Address (P.O. Box Numbers Not Acceptable)		
City			City		
State			State		
Zip			Zip		
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, and thereby the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$16,900,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$16,900,000.00			
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		CITY - ST - ZIP		
CITY - ST - ZIP	NEW YORK, NY 10036		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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: 			Senior VP of General Partner 4/18/05 415-391-4300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



04182005 Chg-LP CR2E003 (10/03)

4. Fil Number 54-2101726

5. Certificate of Status Desired \$8.75 Additional Fee Required

STAPLE CHECK HERE

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