

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002271

FILED
Apr 10, 2009
Secretary of State

Entity Name: 2520 SOUTH CONWAY ROAD-ORLANDO LLC

Current Principal Place of Business:

C/O ISTAR FINANCIAL INC.
1114 AVENUE OF THE AMERICAS, 39TH FLOOR
NEW YORK, NY 10036

New Principal Place of Business:

Current Mailing Address:

C/O ISTAR FINANCIAL INC.
1114 AVENUE OF THE AMERICAS, 39TH FLOOR
NEW YORK, NY 10036

New Mailing Address:

FEI Number: 26-2602670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ISTAR FINANCIAL, INC.
Address: 1114 AVENUE OF THE AMERICAS, 39TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: MGRM (X) Delete
Name: FREMONT INVESTMENT & LOAN
Address: 2727 EAST IMPERIAL HIGHWAY
City-St-Zip: BRES, CA 92821

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ISTAR FINANCIAL INC.
Address: 1114 AVENUE OF THE AMERICAS, 39TH FLOOR
City-St-Zip: NEW YORK, NY 10036

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: GEOFFREY M. DUGAN, SECRETARY OF MGMR MGMR 04/10/2009

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