

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -4 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B04000000070

1. Entity Name
ISTAR BOWLING CENTERS I 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

04182005 Chg-LP CR2E003 (10/03)

4. FEI Number
20-0756061

Applied Fee

5. Certificate of Status Desired ☐ \$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

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

DATE

9. Capital Contributions as Shown on record. \$2,358,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$2,358,000.00

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

DOCUMENT # M04000000593
NAME ISTAR BOWLING CENTERS I LLC
STREET ADDRESS 1114 AVENUE OF THE AMERICAS, 27TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10036

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

900055723509
06/06/05--01006--014 **526.25

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

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)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Senior VP of
General Partner

4/18/05 415-391-4300

STAPLE CHECK HERE