

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B04000000070

**FILED**  
**Apr 10, 2009**  
**Secretary of State**

**Entity Name:** ISTAR BOWLING CENTERS I LP

**Current Principal Place of Business:**

1114 AVENUE OF THE AMERICAS, 39TH FLOOR  
NEW YORK, NY 10036

**New Principal Place of Business:**

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

**Current Mailing Address:**

1114 AVENUE OF THE AMERICAS, 39TH FLOOR  
NEW YORK, NY 10036

**New Mailing Address:**

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

**FEI Number:** 20-0756061

**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

**GENERAL PARTNER INFORMATION:**

Document #: M04000000593  
Name: ISTAR BOWLING CENTERS I LLC  
Address: 1114 AVENUE OF THE AMERICAS, 39TH FLOOR  
City-St-Zip: NEW YORK, NY 10036

**ADDRESS CHANGES ONLY:**

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: GEOFFREY M. DUGAN, SECRETARY OF GP

GP

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date