


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M030Q0004275**

1. Entity Name  
**ISTAR PLANTATION LLC**



Principal Place of Business <b>C/O ISTAR FINANCIAL, INC.          1114 AVENUE OF THE AMERICAS, 27TH FLOOR          NEW YORK, NY 10036</b>	Mailing Address <b>C/O ISTAR FINANCIAL, INC.          1114 AVENUE OF THE AMERICAS, 27TH FLOOR          NEW YORK, NY 10036</b>
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**DO NOT WRITE IN THIS SPACE**



07082004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0504405</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00  
 Due by September 8, 2004**

U00000170119  
 08/16/04-80002-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ISTAR FINANCIAL, INC. 1114 AVENUE OF THE AMERICAS, 27TH FLOOR NEW YORK, NY 10036
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 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:** *[Signature]* **7/29/04** **(415) 391-4300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #