


**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<br><b>C/O ISTAR FINANCIAL, INC.<br/>         1114 AVENUE OF THE AMERICAS, 27TH FLOOR<br/>         NEW YORK, NY 10036</b> | Mailing Address<br><b>C/O ISTAR FINANCIAL, INC.<br/>         1114 AVENUE OF THE AMERICAS, 27TH FLOOR<br/>         NEW YORK, NY 10036</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



07082004 No Chg-LLC CR2E083 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>20-0504405</b>                        | Applied For<br>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**

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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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>ISTAR FINANCIAL, INC.<br/>1114 AVENUE OF THE AMERICAS, 27TH FLOOR<br/>NEW YORK, NY 10036</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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 #