


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000004275

1. Entity Name
ISTAR PLANTATION LLC



Principal Place of Business C/O ISTAR FINANCIAL, INC. 1114 AVENUE OF THE AMERICAS, 27TH FLOOR NEW YORK, NY 10036	Mailing Address C/O ISTAR FINANCIAL, INC. 1114 AVENUE OF THE AMERICAS, 27TH FLOOR NEW YORK, NY 10036
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04182005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0504405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

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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 04/29/05-80014-013 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Geoffrey M. Dugan* **Geoffrey M. Dugan, Authorized Rep.** Date: **4/18/05** Office Phone: **415-391-4300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE