

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000592

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** ISTAR BOWLING CENTERS II, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-0756050

**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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SFI BELMONT LLC  
**Address:** 1114 AVE OF THE AMERICAS, 39TH FLR  
**City-St-Zip:** NEW YORK, NY 10036

I hereby 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 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: IRINA SHURINOVA, ASST SECRETARY

MGRM

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date