

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000002488

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** ASTAR ASB FL7, 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, 39FL  
NEW YORK, NY 10036

**New Mailing Address:**

**FEI Number:** 65-1228105

**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: ASTAR ASB HOLDINGS LLC  
Address: 1114 AVE OF THE AMERICAS, 39FL  
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: GEOFFREY M DUGAN

MGRM

04/09/2010

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