

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004019

Entity Name: ASTAR FRR HOLDINGS, LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

% CYPRESS EQUITIES, LLC
15601 DALLAS PARKWAY, STE 400
ADDISON, TX 75001

New Principal Place of Business:

C/O ISTAR FINANCIAL
1114 AVENUE OF THE AMERICAS, 27TH FL
NEW YORK, NY 10036

Current Mailing Address:

% CYPRESS EQUITIES, LLC
15601 DALLAS PARKWAY, STE 400
ADDISON, TX 75001

New Mailing Address:

C/O ISTAR FINANCIAL
1114 AVENUE OF THE AMERICAS, 27TH FL
NEW YORK, NY 10036

FEI Number: 20-3173608

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: MGR () Delete
Name: AUTOSTAR REALTY OPER, ATING PARTNERS H IP, LP
Address: % 15601 DALLAS PARKWAY, STE 400
City-St-Zip: ADDISON, TX 75001

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AUTOSTAR REALTY OPER, ATING PARTNERS H IP, LP
Address: C/O ISTAR, 1114 AVE OF THE AMERICAS 27FL
City-St-Zip: NEW YORK, NY 10036

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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, AUTHORIZED REP

MGR

04/26/2006

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