

A. Ralph Mouss, Secretary of State

Corporations Division

148 W. River Street

Providence, RI 02904-2615

401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

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1. ID No.	2. Exact name of the limited	ct name of the limited liability company					
137990	iStar Bowling Centers	3owling Centers i LLC					
3. State of Formation 4. Brief description of the character of the business whi			business which is actually conducted	in Rhode Island			
DELAWARE	REAL ESTATE	INVESIMENT					
5. Principal office address			City	State	Zip		
c/o iStar Fina	incial Inc. 1114	Ave of the	Americas New York	NY	10036		
the second of th	s of limited liabil	TY COMPANY AN	ID NAME OR TITLE OF CON	TACT PERSON:	等的可以是不是自己的。 中央的一种,但是一种的一种,但是一种的一种的一种,但是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一		
Contact Name Geoffrey M. Dugan			Contact Title	•			
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Street Address	Ama CL 31	7 th +1	City San Franciso	State CA	Zip QUIDU		
Une sans	ome St., 30	J . +1			49107		
7. NAME AND ADDR	ESS OF EACH MANAG	ER OF THE LIMIT	ED LIABILITY COMPANY, II	APPLICABLE - <u>DO N</u>	OT LIST MEMBERS		
	FILL IN SP	ACES BEFORE US	ING ATTACHMENTS::=("X" B	OX FOR ATTACHMENT)			
Manager Name			Manager Name	Manager Name			
- *							
Stroot Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
					<u> </u>		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
A CONTRACTOR AND A CONTRACTOR							
Agent Name	IN KHODE ISLAND	O NOT AUTER.	Changes require filing of F	orm 642 - K.I.G.L. 7-1	<b>0-11</b>		
CT CORPORATION SY	STEM		2,00077 0000				
Address	- 1		Cia.		7/5		
10 WEYBOSSET STRE	FT		PROVIDENCE		<i>Ζί</i> ρ <b>02903-</b>		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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FOR	SECRETARY OF STATE USE ONLY	
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Rerson

10.01.2007

Geoffrey M. Dugan, Secretary

Print or Type Name of Authorized Person