


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90215 001 *2,550.00

DOCUMENT # F02000001362

1. Entity Name
TARRAGON SOUTH DEVELOPMENT CORP.



Principal Place of Business
**5900 N. ANDREWS AVE
 SUITE 500
 FT. LAUDERDALE, FL 33324**

Mailing Address
**ATTN: KATHRYN MANSFIELD
 3100 MONTICELLO AVE., SUITE 200
 DALLAS, TX 75205**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



05102007 Chg-P CR2E034 (12/06)

4. FEI Number
01-0608220

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME FRIEDMAN, WILLIAM S STREET ADDRESS 1775 BROADWAY, 23RD FLOOR CITY-ST-ZIP NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <i>423 West 55th Street, 12th Floor New York, NY 10015</i>	
TITLE D NAME RUBENSTEIN, CHARLES STREET ADDRESS 1775 BROADWAY, 23RD FLOOR CITY-ST-ZIP NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP <i>423 West 55th Street, 12th Floor New York, NY 10019</i>	
TITLE EVP NAME KAMMERMAN, MARCY H STREET ADDRESS 5900 N. ANDREWS AVE, SUITE 500 CITY-ST-ZIP FT. LAUDERDALE, FL 33324	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE SEC NAME MANSFIELD, KATHRYN STREET ADDRESS 3100 MONTICELLO AVE., SUITE 200 CITY-ST-ZIP DALLAS, TX 75205	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathryn Mansfield, EVP* **Kathryn Mansfield, EVP** 5/18/2007 214-599-2200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #