


**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90054 039 \*\*\*150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

<b>PROFIT CORPORATION ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004457 (8)

1. Corporation Name

TARRAGON CAPITAL CORPORATION

Principal Place of Business

280 PARK AVE., EAST BLDG., 20TH FLOOR  
NEW YORK NY 10017

Mailing Address

280 PARK AVE., EAST BLDG., 20TH FLOOR  
NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		2b Suite, Apt. #, etc.		09/30/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		75-2340089	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. Election Campaign Financing	
				<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/>	
				8. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, LUCY N	
STREET ADDRESS	280 PARK AVE., EAST BLDG., 20TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE	PT	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, WILLIAM S.	
STREET ADDRESS	280 PARK AVENUE EAST BLDG 20TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, TANYA E	
STREET ADDRESS	883 GUERRERO STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 02139	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, EZRA H	
STREET ADDRESS	10 MAGAZINE STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02139-KKKK	

TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	GOLDBERG, EILEEN	
STREET ADDRESS	280 PARK AVE., EAST BLDG., 20TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or

SIGNATURE: 

Typed or printed name and title of officer or director

Date

Daytime Phone

0004162