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Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	
				☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
				6. Election Campaign Financing	
				☐ Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible	
				☐ Personal Property Tax due June 30. ☐ Yes ☐ 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	DT
NAME	FRIEDMAN, LUCY N	1.2 NAME	
STREET ADDRESS	280 PARK AVE., EAST BLDG., 20TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	1.4 CITY-ST-ZIP	
TITLE	PT	2.1 TITLE	P
NAME	FRIEDMAN, WILLIAM S.	2.2 NAME	
STREET ADDRESS	280 PARK AVENUE EAST BLDG 20TH FLOOR	2.3 STREET ADDRESS	280 PARK AVENUE, EAST BUILDING, 20th FLOOR
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	DN
NAME	FRIEDMAN, TANYA E	3.2 NAME	
STREET ADDRESS	883 GUERRERO STREET	3.3 STREET ADDRESS	SAN FRANCISCO, CA 94110
CITY-ST-ZIP	SAN FRANCISCO CA 02139	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	DN
NAME	FRIEDMAN, EZRA H	4.2 NAME	
STREET ADDRESS	10 MAGAZINE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02139-KKKK	4.4 CITY-ST-ZIP	
TITLE	ASAT	5.1 TITLE	\$
NAME	GOLDBERG, EILEEN	5.2 NAME	
STREET ADDRESS	280 PARK AVE., EAST BLDG., 20TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 added.

SIGNATURE:

Typed or printed name and title of officer or director

Date

Daytime Phone

0004162