

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 MAR 19 PM 1:17



1. Name of Limited Partnership CALPLAZA ASSOCIATES, LTD.	1a. DOCUMENT # A11561
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Mailing Address 280 PARK AVENUE, 20TH FLOOR, EAST BLDG. NEW YORK NY 10017		Principal Office Address 280 PARK AVENUE, 20TH FLOOR, EAST BLDG. NEW YORK NY 10017		3. Date Formed or Registered 11/30/1981	5a. Capital Contributions as Shown on record. \$396,440.00
				3a. Date of Last Report 02/27/1996	
				4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$ 396,440.00
2. Mailing Address	2a. Principal Office Address			6. FEI Number 75-1788448	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State			8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country				

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) TARRAGON CAPITAL CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 280 PARK AVE., EAST B	11b. City, State & Zip Code NEW YORK NY 10017	11c. Registration/Document Number F83000004457
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Lawrence S. Hartman, Vice President

Daytime Telephone Number

(212) 949-5000
February 5, 1997