

# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 14, 2007

DOCUMENT # A11561

1. Entity Name  
CALPLAZ ASSOCIATES, LTD.



FILED

07 JUN 13 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1775 BROADWAY, 23RD FLOOR  
NEW YORK, NY 10019

Mailing Address  
ATTN: LEGAL DEPARTMENT  
3100 MONTICELLO AVE. SUITE 200  
DALLAS, TX 75205



2. Principal Place of Business - No P.O. Box #

423 West 55th Street, 12th Floor

3. Mailing Address

Suite, Apt. #, etc.

05102007 Chg-LP CR2E003 (12/06)

City & State

New York, NY

City & State

4. FEI Number

75-1788448

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

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

DATE

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # F93000004457  
NAME TARRAGON CAPITAL CORPORATION  
STREET ADDRESS 1775 BROADWAY, 23RD FLOOR  
CITY-ST-ZIP NEW YORK, NY 10019

13. ADDRESS CHANGES ONLY

STREET ADDRESS

423 West 55th Street, 12th Floor

CITY-ST-ZIP

New York, NY 10019

DOCUMENT #

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Kathryn Mansfield*  
Kathryn Mansfield  
EVP of General Partner

5/25/2007

214-599-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE