2001 UNIFORM BUSINESS REPOR	OT (IIDD)
DOCUMENT # A9600000895	11 (UBN)
i. Entity Name?	FILED
CAL PLAZA HOLDINGS ASSOCIATES, LTD.	01 JUN 20 AM ID: 56
Principal Place of Business Mailing Address	
280 PARK AVE EAST BUILDING. 20TH FLOOR 280 PARK AVE EAST BUILDIN NEW YORK NY 10017 NEW YORK NY 10017	ING. 20TH FLOOR SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Place of Business 3. Mailing Address 3.100 Mont	ticello
Suite, Apt. #, etc. Suite, Apt., #, etc. Suite 200	DO NOT WRITE IN THIS SPACE
New York NY Dallas 7	7× 4. FEI Number 58-2236580 Applied For Not Applicable
	Country 5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM	Name
1200 SOUTH PINE ISLAND ROAD	Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324	
	City FL Zip Code
8. The above named entity submits this statement for the purpose of changing its reg	gistered office or registered agent, or both, in the State of Florida.
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	egistered Agent signature required when reinstating) DATE
9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date.	$+ I_1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0$
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	13. ADDRESS CHANGES ONLY
DOCUMENT / F93000004457 NAME TARRAGON CAPITAL CORPORATION	STREET ADDRESS 1775 Broadway, 23rd Floor
CITY-ST-ZIP 280 PARK AVE., EAST BUILDING, 20TH FLOOR NEW YORK NY 10017	CITY-ST-ZIP New York, Ny 10019
DOCUMENT # NAME	STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT # NAME	STREET ADDRESS 50004437665—0 -06/22/0101081019 city-st-zip ****141.25 *****141.25
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DOCUMENT # NAME }-	STREET ADDRESS

CITY-ST-ZIP

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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 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

TARLAGON CAPITAL CORPORATION

SIGNATURE:

KATHRYN MANSFIELD H-9-01 214-599-22-00

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date

Daytime Phone #