A96000000895

1. Entity Name

CAL PLAZA HOLDINGS ASSOCIATES, LTD.

Principal Place of Business

1775 BROADWAY, 23RD FLOOR NEW YORK NY 10019

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Mailing Address

3100 MONTICELLO. STE. 200

DALLAS TX 75205

3. Mailing Address

City & State

Suite, Apt. #, etc.

APPRUYEL AHD FILED

02 APR 30 PM 6: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA



C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

Name			_
Street Address (P.O. Box Number is Not A	cceptable)		_
	, <del>-</del>		_
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.

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

as Shown on record.

9. Capital Contributions

Country

\$1,000.00

6. Name and Address of Current Registered Agent

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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

Country

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	F9300004457 TARRAGON CAPITAL CORPORATION	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	1775 BROADWAY, 23RD FLOOR NEW YORK NY 10019	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	·
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DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # 3		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		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

SIGNATURE: