<u> </u>	UNIFO	KM BUS	INE22 KEPUI	KI (UB	K)					
DCOMENT # B9900000291										
MARTINS LANDING ASSOCIATES, LTD.						FILE	D			
Principal Plac	e of Business		Mailing Address		01	JUN 20	an io 56		•	
280 PARK AVENUE EAST BLDG 20TH FLOOR NEW YORK NY 10017						CORETARY OF STATE LAHASSEE, FLORIDA				
2. Principal F	المائدة	-i c e U a								
1115 Suite, Apt. 230	Broadu # Floor	dy	3100 Monticello Suite 200)	DO NOT WRITE IN THIS SPACE				
New Vork NY			City & State DA 1/25 TX			4. FEI Number Applied For Not Applicable				
1001		JSA	75205	Country A			of Status Desired		.75 Additional Required	
6. Name and Address of Current Hegistered Agent						7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM					Name (DO Do Northern Not Assessable)					
1200 SOUTH PINE ISLAND ROAD				300007	Street Address (P.O. Box Number is Not Acceptable)					
PLANTATIO	City	E								
• = .								FL	2,5 0000	
8. The above	named entity subm	its this statement to	r the purpose of changing its re	egisterea office o	r register	ed agent, or both	i, in the State of Florid	a.		
SIGNATURE .	Signature, typed or printed	name of registered agent a	and title if applicable. (NOTE: I	Registered Agent signa	ture required	when reinstating)		DATE		
9. Capital Co	Contributions te.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION								
	A GENE	RAL PARTNER T	HAT IS A BUSINESS ENT Y NOT be changed on the	TTY MUST BE	REGIS1	ERED AND A	CTIVE WITH THIS	OFFICE.		
12.	13.	and mean	t mast be med	ADDRESS CHAN						
DOCUMENT # NAME STREET ADDRESS	F99000000851 TARRAGON REA 280 PARK AVE.,			STREET ADDRESS	17	75 Br	-oadway		3rd Floor	
	NEW YORK NY			CITY-ST-ZIP	Ne	w yor	K, NY	10	019	
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STREET ADDRESS				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

THERE ON REALTY INVESTORS, INC.

SIGNATURE:

KATHLYN MANSFIELD 49-01 214.599-220

SIGNATURE:

CITY-ST-ZIP

STATUTE AND TOPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

KATHRYN MANSFIELD 4-9-01 214-599-2200