


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90215 001 \*2,550.00

<b>DOCUMENT # F96000001319</b>		
1. Entity Name <b>TARRAGON MANAGEMENT, INC.</b>		

Principal Place of Business <b>1775 BROADWAY 23RD FLOOR NEW YORK, NY 10019</b>	Mailing Address <b>ATTN: KATHRYN MANSFIELD 3100 MONTICELLO AVE., SUITE 200 DALLAS, TX 75205</b>
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2. Principal Place of Business - No P.O. Box # <b>423 West 55th Street</b>	3. Mailing Address
Suite, Apt. #, etc. <b>12th Floor</b>	Suite, Apt. #, etc.
City & State <b>New York, NY</b>	City & State
Zip <b>10019</b>	Country

66013336



05102007 Chg-P CR2E034 (12/06)

4. FEI Number <b>13-3874783</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEV MANSFIELD, KATHRYN 3100 MONTICELLO AVE., STE. 200 DALLAS, TX 75205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWENSON, EILEEN 346 QUINNPIAC STREET 3RD FLOOR WALLINGFORD, CT 06492 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, WILLIAM S 1775 BROADWAY, 23RD FLOOR NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>423 West 55th Street, 12th Floor New York, NY 10019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT MINOR, TODD C 3100 MONTICELLO AVE., SUITE 200 DALLAS, TX 75205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP PICKENS, ERIN 3100 MONTICELLO AVE., STE. 200 DALLAS, TX 75205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP RUBENSTEIN, CHARLES 1775 BROADWAY, 23RD FLOOR NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>423 West 55th Street, 12th Floor New York, NY 10019</b>

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	<b>Kathryn Mansfield, EVP</b>	Date: <b>5/15/2007</b>	Daytime Phone #: <b>214-599-2200</b>
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