

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-18-2007 90215 001 *2,550.00

DOCUMENT # F99000000851	
1. Entity Name TARRAGON CORPORATION	



Principal Place of Business 1775 BROADWAY 23RD FLOOR NEW YORK, NY 10019	Mailing Address ATTN: KATHRYN MANSFIELD 3100 MONTICELLO AVE., SUITE 200 DALLAS, TX 75205
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66015599

2. Principal Place of Business - No P.O. Box # 423 West 55th Street		3. Mailing Address	
Suite, Apt. #, etc. 12th Floor		Suite, Apt. #, etc.	
City & State New York, NY		City & State	
Zip 10019	Country	Zip	Country



05102007 Chg-P CR2E034 (12/06)

4. FEI Number 94-2432628		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 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	DCEO 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 423 West 55th Street, 12th Floor New York, NY 10019
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVP RUBENSTEIN, CHARLES D 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 423 West 55th Street, 12th Floor New York, NY 10019
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVPS MANSFIELD, KATHRYN 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	EVPT MINOR, TODD C 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 423 West 55th Street, 12th Floor New York, NY 10019
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D,P ROTHENBERG, ROBERT P 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 423 West 55th Street, 12th Floor New York, NY 10019
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVP PICKENS, ERIN D 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

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: Kathryn Mansfield **5/15/2007** **214-555-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EVP/IS** Date Daytime Phone #