

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006202

1. Entity Name
LAKE TIVOLI APARTMENTS, L.L.C.

Principal Place of Business
C/O TARRAGON REALTY ADVISORS, INC.
280 PARK AVENUE, EAST BLDG. 20TH FLOOR
NEW YORK NY 10017

Mailing Address
C/O TARRAGON REALTY ADVISORS, INC.
280 PARK AVENUE, EAST BLDG. 20TH FLOOR
NEW YORK NY 10017

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1775 Broadway
Suite, Apt. #, etc.
23rd Floor
City & State
New York NY
Zip
10019
Country
USA

3. Mailing Address
3100 Monticello
Suite, Apt. #, etc.
Suite 200
City & State
Dallas TX
Zip
75205
Country
USA

4. FEI Number ☒ Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BUILDER, J. LINDSAY JR.
369 N. NEW YORK AVENUE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zip Code
33324

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 *[Signature]* DATE *Aug 8, 2001*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*MGRM
Tarragon Development Company, LLC
1775 Broadway, 23rd Floor
New York, NY 10019*

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
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STREET ADDRESS
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☐ Change ☐ Addition
TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Kathryn Mansfield* *Kathryn Mansfield* 214-599-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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CR2E083 (11/00)