200	1 UNIFORM BUS		'Ktivil' / AND				
DOCUMENT # L0000006203					ILED		
1. Entity Name PLANTATION BAY APARTMENTS, L.L.C.				OI MAY -	1 PM 6:38		
				SECRETA	RY OF STATE	۸.	
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 A 280 PARK AVENUE. EAST BLDG 20TH FLOOR NEW YORK NY 10017					SSEE, FLORIDA	ERIO E 1110 11811 A	
2. Principal I	Place of Business Broadway	3. Mailing Address 3100 Mont	icello		JUHU DENI BUNG BUNK BUNG	aanis austa marr a	8188 (II)} IBB)
23rd Floor Suite, Apt. #, etc. Suite, Apt. #, etc.				, DC	NOT WRITE IN THIS	SPACE	
City & State New Vock Ny Dallas			Tx	4. FEI Number Applied For S8 - 254 7063 Not Applied ber			
70019 Country 75205			Country	5. Certificate of Status Desired   . \$5.00 Additional Fee Required			
	6. Name and Address of Current I	Registered Agent	Nama -	7. Name and Address	s of New Registered	Agent	
369 N. NE	J. LINDSAY JR. EW YORK AVENUE PARK FL 32789	·	Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road				
			City Pla	ntation_	Fi	L Zip Code	24_
SIGNATURE	e named entity eubmits this statement for	\$30	gistered office or regis  C. Morales  cial Asst. Secretary  egistered Agent signature requ	4/	State of Florida.		
		1 11	VIII FEE IS \$50.0 ble to Departmen				
9.	MANAGING MEMBE		10.	AI	ODITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tarragon Developme 1775 Broadway, 2 New York Ny	ent Company Lui: 3rd Floor 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u>		☐ Change	☐ Addition
TITLE SAME NAME STREET ADDRESS CITY-ST-ZIP	TOO JOI TO N.Y	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200	004271 -05/18/01 *****\$2.50	Change 152- -01076 *****	□ Addition <b>1</b> 
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE Name Street add <del>a</del> ess City-st-zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated	ertify that the information supplied with to on this report is true and accurate and the bility company or the receiver or trustee TARLAGON	nat my signature shall have the	same legal effect as i ort as required by Cha	f made under oath: that I ar	Statutes. I further centre a managing member	rtify that the in er or manager	formation of the

MEMBER, MAI LAGER, OR AUTHORIZED REPRESENTATIVE DATE

SIGNATURE: WITHOUT SIGNATURE AND TWEED OR PRINTER

Date