

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012017

1. Entity Name

TAMPA PALMS TARRAGON, LLC

Principal Place of Business

1775 BROADWAY 23RD FLOOR
NEW YORK NY 10019

Mailing Address

1775 BROADWAY 23RD FLOOR
NEW YORK NY 10019

2. Principal Place of Business

3. Mailing Address

3100 Monticello

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State

City & State

Dallas, TX

Zip

Country

Zip

75205

Country

USA

4. FEI Number

58-2574387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 AUG 15 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME Tarragon Realty Investors, Inc. ☐ Delete
STREET ADDRESS 3100 Monticello, Suite 200
CITY-ST-ZIP Dallas, TX 75205

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

Kathleen M. Plummer, Esq.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/13/01 (214) 599 2200

CR2E083 (5/01)