2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# L00000015078

Entity Name: LAKE SHERWOOD PARTNERS, LLC

Current Principal Place of Business:

3100 MONTICELLO AVE., STE. 200
DALLAS, TX 75205

New Principal Place of Business:

Current Mailing Address:

3100 MONTICELLO AVE., STE. 200
DALLAS, TX 75205

New Mailing Address:

ATTN: KATHRYN MANSFIELD
3100 MONTICELLO AVE., STE. 200
DALLAS, TX 75205

FEI Number: 58-2588093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TARRAGON CORPORATION,
Address: 3100 MONTICELLO AVE., SUITE 200
City-St-Zip: DALLAS, TX 75205

Title: MGRM (X) Delete
Name: ANSONIA APARTMENTS,, LP
Address: 1775 BROADWAY, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ANSONIA APARTMENTS,, L.P.
Address: 3100 MONTICELLO AVE., SUITE 200
City-St-Zip: DALLAS, TX 75205

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 EVP 04/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date