

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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DOCUMENT # L01000005059

1. Entity Name  
**DANFORTH APARTMENT OWNERS, L.L.C.**



03 MAR -5 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1775 BROADWAY, 23RD FLOOR  
NEW YORK NY 10019

Mailing Address  
1775 BROADWAY, 23RD FLOOR  
NEW YORK NY 10019



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

3100 Monticello Ave.

Suite, Apt. #, etc.

Suite 200

City & State  
Dallas, TX 75205

4. FEI Number 13-3977304

Applied For

Not Applicable

City & State

Zip

Country

Zip

Country

75205

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**TARRAGON DEVELOPMENT COMPANY, LLC**  
**1775 BROADWAY, 23RD FLOOR**  
**NEW YORK NY 10019**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400013552764**  
**03/05/03--01068--001 \*\*50.00**

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ 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:

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

Date

Daytime Phone #

*Kathryn M. [Signature]*

2/19/03

214-599-2293

CR2E083 (10/02)