

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031962

FILED
Jul 06, 2005
Secretary of State

Entity Name: TARRAGON SOUTH COMMUNITY DEVELOPMENT, LLC

Current Principal Place of Business:

1775 BROADWAY, 23RD FLOOR
NEW YORK, NY 10019

New Principal Place of Business:

ATTN: JACKI WODEK
3100 MONTICELLO AVE., SUITE 200
DALLAS, TX 75205

Current Mailing Address:

1775 BROADWAY, 23RD FLOOR
NEW YORK, NY 10019

New Mailing Address:

ATTN: JACKI WODEK
3100 MONTICELLO AVE., SUITE 200
DALLAS, TX 75205

FEI Number: 20-1094977 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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 REALTY INVE, STORS, INC.
Address: 1775 BROADWAY, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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

SEC

07/06/2005

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