2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2005
Secretary of State

DOCUMENT# L04000045378

Entity Name: OCALA TARRAGON, LLC

Current Principal Place of Business:

3100 MONTICELLO AVENUE
SUITE 200
DALLAS, TX 75205

New Principal Place of Business:

ATTN: KATHRYN MANSFIELD
3100 MONTICELLO AVENUE SUITE 200
DALLAS, TX 75205

Current Mailing Address:

1775 BROADWAY
23RD FLOOR
NEW YORK, NY 10019

New Mailing Address:

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

FEI Number: 20-1366517 **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:

CT 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: MGR ( ) Delete
Name: TARRAGON OCALA DEVEL, OPMENT CORP
Address: 1775 BROADWAY 23RD FLOOR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TARRAGON OCALA DEVEL, OPMENT CORP
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 06/22/2005

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