

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075247

**FILED**  
**Mar 19, 2005**  
**Secretary of State**

**Entity Name:** EXCHANGE TARRAGON, LLC

**Current Principal Place of Business:**

C/O FRANCESCA RHODIS, ESQ.  
200 EAST LAS OLAS BLVD., STE. #1600  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

200 EAST LAS OLAS BLVD.  
SUITE 1600  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

C/O KATHRYN MANSFIELD, ESQ.  
3100 MONTICELLO AVENUE, SUITE 200  
DALLAS, TX 75205

**New Mailing Address:**

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

**FEI Number:** 43-2063549

**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/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** TARRAGON SOUTH DEVEL, OPMENT CORP.  
**Address:** 200 EAST LAS OLAS BLVD., SUITE #1660  
**City-St-Zip:** FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

**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 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

03/19/2005

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