200	1.UNIFO	RM BUS	INESS REPO	RT	(UB	R)		APPROV A N D	(E.U		
DOCUMENT# L9800000874								FILE)	,	
1. Entity Name TARRAGON STONEYBROOK APARTMENTS, L.L.C.							01 MAY -1 PM 6: 38				
					SECRETARY O	FSTATE					
	ce of Business /ENUE. EAST BLDG. 2	Mailing Address 3100 MONTICELLO AVE	STE. 200	·			TALLAHASSEE	FLORIDA	1		
NEW YORK I	NY 10017		DALLAS TX 75205				; ,	I JEGGLEN GAN ANIKA TENNA SENIKA GENAK	Bi nan Bi nna Bin na F	8416 9 (811)	
2. Principal I	Place of Business	3. Mailing Address	Mailing Address								
Suite, Apt	.#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Sta	* Vock	City & State				4. FEIN	1umber 59-3520769			pplied For ot Applicable	
Zin	9 Coun	Zip	o Country			5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent							7. Name	e and Address of New Rec	istered Ager	nt	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD											
						Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324											
						<u> </u>	 -		FL	Zip Cod	е
8. The above	named entity submit	s this statement for	the purpose of changing its r	egistere	d office o	or registere	d agent, o	or both, in the State of Florid	da.		
SIGNATURE	Signature, typed or printed n	arne of registered agent a	nd title if applicable. (NOTi	Registered	I Agent signa	iture required w	hen reinstatir	ng)	DATE		
			FILE NO	Will E	EE IQ	\$50.00					
			Make Check Pa				State				
9.	M	NAGING MEMBE	RS/MEMBERS	10.				ADDITIONS/C	HANGES		
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STREET ADDRESS 280 PARK AVENUE, EAST BLDG., 20TH FLOOR NEW YORK NY 10017					T ADDRESS ST-ZIP	New	Vol	CK. NY	100 19	7	
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NAME STREET ADDRESS				NAME STREE	T ADDRESS						
CITY-ST-ZIP					ST-ZIP						

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

TARRAGON REALY INVESTORS, INC.

SIGNATURE:

SIGNATURE:

Date

Daytime Phone #

214.599-2200