

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0029900  
AF

DOCUMENT # L99000006522

1. Entity Name

LAKE LOTTA APARTMENTS, L.L.C.

01 MAY -1 PM 6:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O TARRAGON REALTY ADVISORS  
280 PARK AVENUE, EAST BUILDING, 20TH FL  
NEW YORK NY 10017

Mailing Address

3100 MONTICELLO AVE., STE. 200  
DALLAS TX 75205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1775 Broadway  
Suite, Apt. #, etc.  
23rd Floor

3. Mailing Address

Suite, Apt. #, etc.

City & State

New York NY

City & State

4. FEI Number

58-2503879

Applied For

Not Applicable

Zip

10019

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT) Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete  
MGRM  
TARRAGON REALTY INVESTORS, INC.  
STREET ADDRESS 280 PARK AVENUE, EAST BLDG 20TH FL  
CITY-ST-ZIP NEW YORK NY 10017

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 1775 Broadway, 23rd Floor  
CITY-ST-ZIP New York, NY, 10019

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
-05/18/01--01097--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-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)(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.

TARRAGON REALTY INVESTORS, INC.

SIGNATURE: KATHRYN MANSFIELD KATHRYN MANSFIELD 4-7-01 214-599-2200

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

Date

Daytime Phone #

CR2E083 (11/00)