

2000 UNIFORM BUSINESS REPORT (UBR)

0012644 AF

DOCUMENT # L99000007472

1. Entity Name
TARRAGON BEACHWALK, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 15 PM 1:03

Principal Place of Business
280 PARK AVENUE
EAST BUILDING, 20TH FLOOR
NEW YORK NY 10017

Mailing Address
280 PARK AVENUE
EAST BUILDING, 20TH FLOOR
NEW YORK NY 10017-1216



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUILDER, J. L JR, ESQ
GRAHAM, CLARK, JONES ET AL.
369 NORTH NEW YORK AVENUE
WINTER PARK FL 32790

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

BLT

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beachwalk Partners, L.P. d/b/a
STREET ADDRESS	280 Park Ave. East Bldg. 20th Floor
CITY-ST-ZIP	New York, NY 10017
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Member
STREET ADDRESS	Richard S. Frary, MGRM
CITY-ST-ZIP	1350 Avenue of the Americas, Suite 2701 New York, NY 10019
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Charles Rubenstein
SIGNATURE REQUIRED

1/11/00

(212) 949-5000

CR2E083 (9/99)