

2001 UNIFORM BUSINESS REPORT (UBR)

0001318 AF

DOCUMENT # L99000007472

1. Entity Name

TARRAGON BEACHWALK, LLC

FILED

01 APR 16 PM 1:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

1775 BROADWAY
Suite, Apt. #, etc.
23 FLOOR

3. Mailing Address

1775 BROADWAY
Suite, Apt. #, etc.
23 FLOOR

City & State

NEW YORK NY

City & State

NEW YORK NY

Zip

10019

Country

NY

Zip

10019

Country

NY

4. FEI Number

APPLIED FOR

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

200004078162--5
-04/25/01--01089--017--
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME BEACHWOLD PARTNERS, LTD.
STREET ADDRESS 280 PARK AVE. EAST BLDG. 20TH FL
CITY-ST-ZIP NEW YORK NY 10017 ☐ Delete

TITLE MGR
NAME FRARY, RICHARD S
STREET ADDRESS 1350 AVE. OF THE AMERICAS, SUITE 2701
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 1775 BROADWAY, 23rd FL
CITY-ST-ZIP NEW YORK NY 10019 ☒ Change ☐ Addition

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

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

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/01

Date

(212) 949-5000 x466

Daytime Phone #

CR2E083 (11/00)