2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100000238

SECRETARY OF STATE
VISION OF CORPORATIONS W TARRAGON DEVELOPMENT COMPANY LLC Principal Place of Business 03 MAR 17 AM 10: 10 Mailing Address 1775 BROADWAY 3100 MONTICELLO 23RD FLOOR NËW YORK NY 10019 SUITE 200 DALLAS TX 75205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. .

CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 13-4136835 Zip Applied For Country Z_{iD} Not Applicable Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 City 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. I am familiar with, and accept 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 Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. TITLE MGRM ADDITIONS/CHANGES Delete TARRAGON REALTY INVESTORS, INC. NAME TITLE ☐ Change STREET ADDRESS NAME ☐ Addition 1775 BROADWAY, 23RD FLOOR STREET ADDRESS CITY-ST-ZIP 600014108976 **NEW YORK NY 10019** CITY-ST-ZIP 03/17/03--01018--014 CR2E083 TITLE **S0.00 ☐ Delete NAME TITLE Change STREET ADDRESS NAME ☐ Addition CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete NAME TITLE STREET ADDRESS ☐ Change NAME ☐ Addition CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE Delete ☐ Change STREET ADDRESS NAME ☐ Addition CITY-ST-ZIP-STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete NAME TITLE ☐ Change STREET ADDRESS ☐ Addition NAME CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TILE ☐ Delete AME TITLE ☐ Change TREET ADDRESS NAME ☐ Addition ITY-ST-ZIP STREET ADDRESS

1. 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 AND TYPED OR PRINTED NAME OF SIGNING N Kåthryn Mansfield

214-599-2293