

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90003 004 ***550.00

DOCUMENT # P03000120396

1. Entity Name
CAL PLAZA GP, INC.



Principal Place of Business
**423 WEST 55TH ST 12TH FL
NEW YORK, NY 10019**

Mailing Address
**3100 MONTICELLO AVE.
SUITE 200
DALLAS, TX 75205**

40115722



08212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0340122

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D VP
FRIEDMAN, TANYA E
423 W 55TH ST 12TH FL
NEW YORK, NY 10019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MINOR, TODD C
423 WEST 55TH ST 12TH FL
NEW YORK, NY 10019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D VP
FRIEDMAN, EZRA H
423 W 55TH ST 12TH
NEW YORK, NY 10019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D P
FRIEDMAN, WILLIAM S
423 W 55TH ST
NEW YORK, NY 10019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D T
FRIEDMAN, LUCY N
423 W 55TH ST
NEW YORK, NY 10019**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
MANSFIELD, KATHRYN
3100 MONTICELLO AVE., STE. 200
DALLAS, TX 75205**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathryn Mansfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn Mansfield, EVP

Date

8/25/2008

Daytime Phone #

214/599-2200

ATTACHMENT 40115722



P03000120396
TARRAGON CORPORATION

Direct Dial:
(214) 599-2233

nwebb@tarragoncorp.com

September 10, 2008

VIA US MAIL

Florida Department of State
Division of Corporations
2670 Executive Center Circle, Suite 100
Tallahassee, FL 32301

Re: Annual Report for Cal Plaza GP, Inc.

To Whom It May Concern:

Enclosed please find the 2008 Limited Partnership Annual Report for the entity referenced above and check #212 for the \$550 filing fee.

Should you have any questions, please do not hesitate to contact me at the number above.

Thank you for your attention to this matter.

Sincerely,

Natalie A. Webb
Paralegal

Enclosures

Bill to: WSF Drefus Account
Regular Check Run

ATTACHMENT

CkDate	CkNo
\$550.00	

40115722
P03000120396
Check Request

21-Aug-08

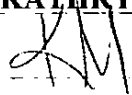
Record No.
15274

Vendor: Florida Department of State
Registration Section; Div. Of
P.O. Box 6357
Tallahassee, FL 32314

Annual Report for Cal Plaza GP, Inc.

Invoice Date	Invoice No	Amount	Description of Expense
8/21/2008		\$550.00	Annual Report for Cal Plaza GP, Inc.

Company	Property	Account	Sub-Account	Amount

Requestor Name KATHRYN MANSFIELD **Additional Approval** _____
Requestor Signature  **Additional Approval** _____
Supervisor Approval _____ **Additional Approval** _____
A/P Approval _____ **A/P Sr. Approval** _____

All Checks Must be Accompanied by Proper Documentation
Please Return Check to Natalie Webb