

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90019 024 ****50.00

DOCUMENT # M03000002361 1. Entity Name KB HOME FORT MYERS LLC					
Principal Place of Business 12525 NEW BRITTANY BLVD BLDG #28 FORT MYERS, FL 33907			Mailing Address 10990 WILSHIRE BLVD., 7TH FLOOR LOS ANGELES, CA 90024		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 77-0605541				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04192005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KB HOME FLORIDA LLC 10990 WILSHIRE BLVD., 7TH FLOOR LOS ANGELES, CA 90024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOK, CHARLES 12525 NEW BRITTANY BLVD BLDG #28 LOS ANGELES, CA 90024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHARLES COOK 12525 NEW BRITTANY BLVD., BLDG. #28 FORT MYERS, FL 33907 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS, SAM 12525 NEW BRITTANY BLVD BLDG #28 FORT MYERS, FL 33907 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAM ROSS 12525 NEW BRITTANY BLVD., BLDG. #28 FORT MYERS, FL 33907 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ALLRED, KELLY M 10990 WILSHIRE BLVD 7TH FL LOS ANGELES, CA 90024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY ALLRED 10990 WILSHIRE BLVD., 7TH FL. LOS ANGELES, CA 90024 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COHEN, CORY F 10990 WILSHIRE BLVD 7TH FL LOS ANGELES, CA 90024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORY F. COHEN 10990 WILSHIRE BLVD., 7TH FL. LOS ANGELES, CA 90024 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIMBERLY N. KING 10990 WILSHIRE BLVD., 7TH FL. LOS ANGELES, CA 90024 ☐ 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: _____		CORY F. COHEN		4/20/05 (210) 231-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	