2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000022233

Entity Name: KIMBALL HILL HOMES FLORIDA, INC.

FILED May 23, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
8584 KATY FREEWAY SUITE 200 HOUSTON, TX 77024 US			2907 BAY TO BAY BLVD, SUITE 301 TAMPA, FL 33629 US			
Current Mailing Address:				New Mailing Address:		
SUITE 200	TE 200			5999 NEW WILKE ROAD SUITE 504 ROLLING MEADOWS, IL 60008 US		
FEI Number:	59-3431314	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US						
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:						
	Electroni	c Signature of Registered Agent	t			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HILL, DAVID K	Delete KE RD SUITE 504 OWS, IL 60008		Title: Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:	CFOT () I ROWEHL, EUGE 5999 NEW WILK ROLLING MEAD	(E RD SUITE 504		Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	MORRIS, JON	Delete NY BOULEVARD, SUITE 301 29		Title: Name: Address: City-St-Zip:) Change ()Addition
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	()) Change ()Addition
Title: Name: Address: City-St-Zip:	DEARELLANO, O	Y BOULEVARD, SUITE 301		Title: Name: Address: City-St-Zip:	COMEAU, PET	BAY BOULEVARD, SUITE 301
Title: Name: Address: City-St-Zip:	COLLIER, JOHN	AY BOULEVARD, SUITE 301		Title: Name: Address: City-St-Zip:	THIBODEAU, D	BAY BOULEVARD, SUITE 301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL H. BARBER VP 05/23/2005