2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT #1 05000120254 THE EGG



1. Entity Name 535-CHASE ROAD MITIGATION, LLC									05-04-2006 9	0017 02	29 ****5	50.00
Principal Place of Business 8403 SOUTH PARK CIRCLE STE. 670 ORLANDO, FL 32819				Mailing Address 8403 SOUTH PARK CIRCLE STE. 670 ORLANDO, FL 32819				! [] [] []	60035		48/11 (111) 2//	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04252006	Chg-LLC	CR2	E083 (11/0	05)
City & State				City & State				4. FEI Numbe	59-38288	359		Applied For Not Applicable
Zip		Country		Zip	Coun	try		5. Certificate	of Status Desired		\$5.00 Fee Req	Additional uired
	6. Name	and Address of Cur	rent Re	gistered Agent		Name		7. Name and	Address of New	Registere	d Agent	
KB HOME ORLANDO, LLC 8403 SOUTH PARK CIRCLE STE. 670 ORLANDO, FL 32819							dress (P.	O. Box Numbe	er is Not Acceptab	le)		
OKLANDO), FL 320	15				City					■ Zip (Code
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	tions of regist		entior th	e purpose or changing its	registore	ea office of	registere	d agent, or bot	n, in the state of F	ionua. Tai	II I GII III II II	nin, and accept
SIGNATURE .	Signature typed	or printed name of registered										
Signature, typed or printed name of registered agent a Filling Fee Is \$50.00 Due by May 1, 2006			ageni and i	title if applicable. (NQTE	:: Hegistere	a Agent signatur	ve required w	hen reinstating)		DATE		
	iling Fee	is \$50.00	ageni and 1	litie if applicable. (NOTE	z: Registere	a Agent signatur	re required w	hen reinstating)		ke check	payable t	
	iling Fee	is \$50.00			10.		re required w	hen reinstating)		ke check la Depart	payable timent of S	
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9. TITLE NAME STREET ADDRESS	iling Fee	is \$50.00 y 1, 2006		/MANAGERS	10. TITLI NAM STRE CITY TITLI NAM STRE	E IE SET ADDRESS - ST- ZIP E	Mana KB 1 840:	ager Home Orl	ADDITIONS ando, LLC Park Circ	ke check la Depart	payable timent of S	ige XXAddition
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	iling Fee	is \$50.00 y 1, 2006		/MANAGERS Delete	10. TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE STRE	E E E E ET ADDRESS - ST- ZIP E E EET ADDRESS - ST- ZIP E EET ADDRESS - ST- ZIP E	Mana KB 1 840:	ager Home Orl	ADDITIONS ando, LLC Park Circ	ke check la Depart	payable comment of S	ige XXAddition 670
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE