

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120254

Entity Name: 535-CHASE ROAD MITIGATION, LLC**Current Principal Place of Business:**9102 SOUTHPARK CTR LOOP STE 200
ORLANDO, FL 32819**Current Mailing Address:**10990 WILSHIRE BLVD
7TH FLOOR
LOS ANGELES, CA 90024**FEI Number:** 59-3828859**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KB HOME ORLANDO, LLC
9102 SOUTHPARK CTR LOOP STE 200
ORLANDO, FL 32819 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KB HOME ORLANDO, LLC
Address 9102 SOUTH PARK CENTER LOOP
City-State-Zip: ORLANDO FL 32819

Title VP
Name DEPORRE, VINCE
Address 10475 FORTUNE PARKWAY, STE 100
City-State-Zip: JACKSONVILLE FL 32256

Title AS
Name COHEN, CORY F
Address 10990 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90024

Title SVP, FINANCE
Name HOROWITZ, WAYNE
Address 9102 SOUTHPARK CENTER LOOP
City-State-Zip: ORLANDO FL 32819

Title P
Name GLANCE, GEORGE
Address 9102 SOUTH PARK CTR. LOOP,
FLOOR 2
City-State-Zip: ORLANDO FL 32819

Title S
Name RICHELIEU, TONY
Address 10990 WILSHIRE BLVD., 7TH FLOOR
City-State-Zip: LOS ANGELES CA 90024

Title VP
Name HOLLINGER, WILLIAM R
Address 10990 WILSHIRE BLVD, 7TH FLOOR
City-State-Zip: LOS ANGELES CA 90024

Title VP, FINANCE
Name LONG, CHRISTOPHER
Address 10475 FORTUNE PKWY
STE 100
City-State-Zip: JACKSONVILLE FL 32256

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I hereby 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 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CORY F. COHEN**AS****04/09/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP, LAND
Name FRANKS, LARRY
Address 7320 EAST FLETCHER AVE
STE. 158
City-State-Zip: TAMPA FL 33637

Title AS
Name SIMONS, DAVE
Address 1277 TREAT BLVD
STE 600
City-State-Zip: WALNUT CREEK CA 94597

Title AS
Name DEKLE, JOHN
Address 10475 FORTUNE PKWY
STE 100
City-State-Zip: JACKSONVILLE FL 32256