


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 855992 1. Entity Name THE WILLIAM LYON COMPANY	
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Principal Place of Business ATTN: TAX DEPT PO BOX 8858 NEWPORT BEACH, CA 92658-8858 US	Mailing Address ATTN: TAX DEPT PO BOX 8858 NEWPORT BEACH, CA 92658-8858 US
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DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 33-0282796	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 07/20/06-80011-018 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC LYON, WILLIAM 4490 VON KARMAN NEWPORT BCH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVST ROBINSON, RICHARD S 4490 VON KARMAN NEWPORT BEACH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP HESSON, DIXIE M 4490 VON HARMAN NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDGRAVE, CYNTHIA E 4490 VON KARMAN NEWPORT BCH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRUBBS, MICHAEL D 4490 VON KARMAN NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: X Richard S. Robinson 7/19/06 (949) 833-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #