## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #855992** 

1. Entity Name
THE WILLIAM LYON COMPANY



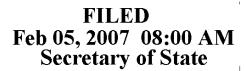
Principal Place of Business

Mailing Address

ATTN: TAX DEPT PO BOX 8858 ATTN: TAX DEPT PO BOX 8858

NEWPORT BEACH, CA 92658-8858 US

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## DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

4. FEI Number 33-0282796

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE, Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000622515 02/13/07-80029-001 150.00

10. OFFICERS AND DIRECTORS
TITLE PDC

NEWPORT BEACH, CA 92660

LYON, WILLIAM NAME STREET ADDRESS 4490 VON KARMAN CITY-ST-ZIP NEWPORT BCH, CA TITLE NAME ROBINSON, RICHARD S 4490 VON KARMAN STREET ADDRESS CITY-ST-ZIP NEWPORT BEACH, CA TITLE HESSON, DIXIE M NAME STREET ADDRESS 4490 VON HARMAN CITY-ST-ZIP NEWPORT BEACH, CA 92660 TITLE HARDGRAVE, CYNTHIA E NAME STREET ADDRESS 4490 VON KARMAN NEWPORT BCH, CA CITY-ST-ZIP TITI F GRUBBS, MICHAEL D NAME STREET ADDRESS 4490 VON KARMAN

## 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 attactment with an address, with all other like empowered.

SIGNATURE:X

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DIXIE HESON WHITE HAVE OF BUGING OFFICER OF DIRECTOR

1/24/07 9

949-833-3600

Daylime Phone #