

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084050

FILED  
Sep 04, 2007  
Secretary of State

**Entity Name:** LAKEVIEW MS RELIEF, LLC.

**Current Principal Place of Business:**

8403 SOUTH PARK CIRCLE BLVD.  
SUITE 670  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

8403 SOUTH PARK CIRCLE BLVD.  
SUITE 670  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

AMERICAN INFORMATION SERVICES, INC.  
420 SOUTH ORANGE AVE.  
SUITE 1200  
ORLANDO, FL 328014904 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

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: KB HOME ORLANDO, LLC, .  
Address: 8403 SOUTH PARK CIRCLE  
City-St-Zip: SUITE 670, FL 32819

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: KB HOME ORLANDO, LLC.

MGRM

09/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date