

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120254

FILED
Apr 13, 2010
Secretary of State

Entity Name: 535-CHASE ROAD MITIGATION, LLC

Current Principal Place of Business:

9102 SOUTHPARK CTR LOOP STE 200
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

9102 SOUTHPARK CTR LOOP STE 200
ORLANDO, FL 32819

New Mailing Address:

10990 WILSHIRE BLVD
7TH FLOOR
LOS ANGELES, CA 90024

FEI Number: 59-3828859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KB HOME ORLANDO, LLC
9102 SOUTHPARK CTR LOOP STE 200
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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:

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

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

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

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

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

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

I hereby 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: CORY F. COHEN

ASEC

04/13/2010

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