

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90374 005 \*\*\*\*50.00

<b>DOCUMENT # M02000001168</b>					
<b>1. Entity Name</b> KB HOME JACKSONVILLE LLC					
<b>Principal Place of Business</b> 10475 FORTUNE PKWY #100 JACKSONVILLE, FL 32256 US			<b>Mailing Address</b> 10990 WILSHIRE BLVD. 7TH FLOOR, TAX DEPT. LOS ANGELES, CA 90024 US		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04102007 Chg-LLC CR2E083 (12/06)	
<b>4. FEI Number</b> 01-0715147				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>LIST ATTACHED</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> DEPORRE, VINCE 10475 FORTUNE PKWY., #100 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> WAYNE JANZIK 10475 FORTUNE PARKWAY, Building 1 Suite 100 JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> GOODWIN, JOHN E 3450 BUSCHWOOD PARK DR., #250 TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> RICK CARRUTHERS 9102 SOUTHPARK CENTER LOOP, Suite #200 ORLANDO FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> RICHELIEU, TONY 10990 WILSHIRE BLVD., 7TH FLOOR LOS ANGELES, CA 90024	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> DOMENICO CECERE 10990 WILSHIRE BLVD. 7TH FLOOR LOS ANGELES CA 90024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> COHEN, CORY F 10990 WILSHIRE BLVD., 7TH FLOOR LOS ANGELES, CA 90024	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> KB HOME FLORIDA, LLC 10990 WILSHIRE BLVD, 7TH FL LOS ANGELES, CA 90024	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. 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 is true and accurate and that my 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.</b>					
<b>SIGNATURE:</b> _____			Cory F. Cohen, Asst. Secretary		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

ATTACHMENT

60038996

KB HOME Jacksonville LLC  
a Delaware limited liability company

#M02000001168

Manager/Member: KB HOME Florida LLC

Officers:	Wayne Janzik	President
	Rick Carruthers	Executive Vice President
		[Regional General Manager]
	Fred Wyborski	Executive Vice President/Gold Coast
	Aaron L. Windholz	Senior Vice President, Operations
	Domenico Cecere	Vice President
	Jaci Chapman	Vice President, Sales and Marketing
	William R. Hollinger	Vice President, CFO and
		Assistant Secretary
	Keith P. McCarthy	Vice President of Finance and Studio
	Wade Wilson	Vice President, Operations
	Matthew Wixted	Vice President, Finance/Gold Coast
	Tony Richelieu	Secretary
	Randolph S. Chew	Assistant Secretary
	Cory F. Cohen	Assistant Secretary
	Scott Cookson	Assistant Secretary
	John Dekle	Assistant Secretary
	Ross A. Kay	Assistant Secretary
	David B. Simons	Assistant Secretary