

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90063 044 ***138.75

DOCUMENT # M02000001168

1. Entity Name
KB HOME JACKSONVILLE LLC



Principal Place of Business
10475 FORTUNE PKWY
#100
JACKSONVILLE, FL 32256 US

Mailing Address
10990 WILSHIRE BLVD.
7TH FLOOR, TAX DEPT.
LOS ANGELES, CA 90024 US

60018701



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
01-0715147

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

List Attached

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|-------------------------------------|--|-----------------------|--|--|
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | Executive Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JANZIK, WAYNE | | NAME | Vince DePorre | |
| STREET ADDRESS | 10475 FORTUNE PKWY BLDG 1 SUITE 100 | | STREET ADDRESS | 280 Interstate North Circle, Suite 600 | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32256 | | CITY-ST-ZIP | Atlanta, Georgia 30339 | |
| TITLE | MGR | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARRUTHERS, RICK | | NAME | | |
| STREET ADDRESS | 9102 SOUTHPARK CTR LOOP SUITE 200 | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLANDO, FL 32819 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHELIEU, TONY | | NAME | | |
| STREET ADDRESS | 10990 WILSHIRE BLVD., 7TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | LOS ANGELES, CA 90024 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, CORY F | | NAME | | |
| STREET ADDRESS | 10990 WILSHIRE BLVD., 7TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | LOS ANGELES, CA 90024 | | CITY-ST-ZIP | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KB HOME FLORIDA, LLC | | NAME | | |
| STREET ADDRESS | 10990 WILSHIRE BLVD, 7TH FL | | STREET ADDRESS | | |
| CITY-ST-ZIP | LOS ANGELES, CA 90024 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CECERE, DOMENICO | | NAME | | |
| STREET ADDRESS | 10990 WILSHIRE BLVD 7TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | LOS ANGELES, CA 90024 | | CITY-ST-ZIP | | |

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.

SIGNATURE: _____ **3/25/08** **310-231-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

60018701

M020000081168

KB Home Jacksonville, LLC
a Delaware Limited Liability Company

Manager/Member: KB Home Florida, LLC

| | | |
|-----------|----------------------|--|
| Officers: | Wayne Janzik | President |
| | Vince DePorre | Executive Vice President [Regional President] |
| | Aaron L. Windholz | Senior Vice President, Operations |
| | Domenico Cecere | Vice President |
| | Jack Chapman | Vice President |
| | William R. Hollinger | Vice President, CFO & Assistant Secretary |
| | Kelly Masuda | Vice President & Treasurer |
| | Keith P. McCarthy | Vice President of Finance & Studio |
| | Wade Wilson | Vice President, Operations |
| | 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 |