


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

04-26-2005 90019 023 ****50.00

DOCUMENT # M02000002513 1. Entity Name KB HOME ORLANDO LLC					
Principal Place of Business 8403 S. PARK CIRCLE BLVD. #670 ORLANDO, FL 32819			Mailing Address 10990 WILSHIRE BLVD. 7TH FLOOR TAX DEPT. LOS ANGELES, CA 90024		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 71-0904756	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRUTHERS, RICK 8403 S. PARK CIRCLE BLVD. #670 ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Carruthers, Rick 8403 S. Park Circle Blvd. #670 Orlando, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GOODWIN, JOHN "BUDDY" E 3450 BUSCHWOOD PK DR. #250 TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KB Home Florida LLC 10990 Wilshire Blvd., 7th Floor Los Angeles, CA 90024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP GREEN, DANIEL 8403 S. PARK CIRCLE BLVD. #670 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael Crawford 735 Fentress Blvd. Daytona Beach, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ALLRED, KELLY 10990 WILSHIRE BLVD 7TH FLOOR. LOS ANGELES, CA 90024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Allred, Kelly 10990 Wilshire Blvd., 7th Floor Los Angeles, CA 90024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, KIMBERLY N 10990 WILSHIRE BLVD 7TH FLOOR LOS ANGELES, CA 90024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR King, Kimberly N. 10990 Wilshire Blvd., 7th Floor Los Angeles, CA 90024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COHEN, CORY F 10990 WILSHIRE BLVD., 7TH FLOOR LOS ANGELES, CA 90024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cohen, Cory F 10990 Wilshire Blvd., 7th Floor Los Angeles, CA 90024	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 5/20/05 (310) 231-4000 Daytime Phone #		