

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002513

Entity Name: KB HOME ORLANDO LLC

FILED
Apr 13, 2010
Secretary of State

Current Principal Place of Business:

9102 SOUTHPARK CENTER LOOP SUITE 140
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

9102 SOUTHPARK CENTER LOOP SUITE 140
ORLANDO, FL 32819

New Mailing Address:

10990 WILSHIRE BLVD
FL 7
LOS ANGELES, CA 90024

FEI Number: 71-0904756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: EVP
Name: DEPORRE, VINCE
Address: 10475 FORTUNE PKWY STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM
Name: KB HOME
Address: 10990 WILSHIRE BLVD., 7TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

Title: PRES
Name: GLANCE, GEORGE
Address: 9102 SOUTHPARK CENTER LOOP SUITE 200
City-St-Zip: ORLANDO, FL 32819

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

Title: ASEC
Name: COHEN, CORY F
Address: 10990 WILSHIRE BLVD., 7TH FLOOR
City-St-Zip: LOS ANGELES, CA 90024

Title: TREA
Name: MASUDA, KELLY
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