
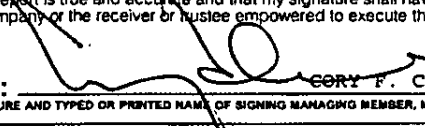


FILED
Jun 01, 2004 8:00 am
Secretary of State

04-29-2004 90069 033 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M02000002516			
1. Entity Name KB HOME Florida LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 10990 WILSHIRE BLVD.		3. Mailing Address 10990 WILSHIRE BLVD.	
Suite, Apt. #, etc. 7TH FLR.		Suite, Apt. #, etc. 7TH FLR., TAX DEPT.	
City & State LOS ANGELES, CA		City & State LOS ANGELES, CA	
Zip 90024	Country USA	Zip 90024	Country USA
4. FEI Number 71-0904760		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name CORPORATION SERVICE COMPANY			
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
City TALLAHASSEE		FL Zip Code 32301-2525	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable.</small>			
		FEE IS \$50.00 - Make Check Payable to Florida Department of State DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER ALBERT Z. PRAW 10990 WILSHIRE BLVD., 7TH FLR. LOS ANGELES, CA 90024	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER KELLY M. ALLRED 10990 WILSHIRE BLVD., 7TH FLR. LOS ANGELES, CA 90024	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER KIMBERLY N. KING 10990 WILSHIRE BLVD., 7TH FLR. LOS ANGELES, CA 90024	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER WILLIAM R. HOLLINGER 10990 WILSHIRE BLVD., 7TH FLR. LOS ANGELES, CA 90024	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER CORY F. COHEN 10990 WILSHIRE BLVD., 7TH FLR. LOS ANGELES, CA 90024	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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: 		CORY F. COHEN 04/16/04 (310) 231-4000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

CR2E083B (12/02)