

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002516

Entity Name: KB HOME FLORIDA LLC

FILED  
Apr 03, 2012  
Secretary of State

## Current Principal Place of Business:

10990 WILSHIRE BLVD.  
7TH FLOOR  
LOS ANGELES, CA 90024

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 71-0904760

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: PRES  
Name: DEPORRE, VINCE  
Address: 10475 FORTUNE PKWY STE 100  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPR  
Name: HOLLINGER, WILLIAM R  
Address: 10990 WILSHIRE BLVD 7TH FLOOR  
City-St-Zip: LOS ANGELES, CA 90024

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

Title: ASEC  
Name: KAY, ROSS A  
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: MGRM  
Name: KB HOME  
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

AS

04/03/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date