2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED May 15, 2007 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # M0300002361 1. Entity Name KB HOME FORT MYERS LLC								05-15-20	007 90150	0 039 **	**50.00		
Principal Place 12525 NEW BLDG #28 FORT MYERS	BRITTANY BL	VD	Mailing Address 10990 WILSHIRE BLVD., 7TH FLOOR LOS ANGELES, CA 90024					 II ee ife 3114 ee174 ei	111 50 14 05 14 0		# # #991 # #99		
2. Principal P	tace of Busine	ess - No P.O. Box #	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05082007	Chg-LLC	CR	2E083 (12	⁷ 06)			
City & State			City & State				4. FEI Numb 77-060			-	Applied For Not Applicab	le	
Zip	Zip Country		Zip Count		5. Certificate of Status Desired 55.00 Additional Fee Required								
	6. Name	and Address of Current R	egistered Agent	7. Name and Address of New Registered Agent									
000000		Name											
1201 HAY	S STREET	32301-2525			Street Address (P.O. Box Number is Not Acceptable)								
	,,-	:			City To Code								
						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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE													
Fil Due t	ling Fee is by Septem	\$50.00 ber 14, 2007					Make check payable to Florida Department of State						
9. MANAGING MEMBEI			S/MANAGERS 10.				ADDITIONS/CHANGES						
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NAME	кв номе	FLORIDA LLC	NAM		Į								
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NAME STREET ADDRESS	GEORGE, 4470 S FO	STEPHEN H	NAM STRE				ORGE, STÉPHAN M. 0 S FOWLER STREET						
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NAME	ALLRED, KELLY NAM					RIC 840	Please note that the						
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NAME	RICHELIE	U, TONY	NAM		se i								
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CITY-\$1-ZIP	CITY-S1-ZIP LOS ANGELES, CA 90024 CITY- 11. † hereby certify that the information supplied with this filling does not qualify for the exer						. .			•			
indicated	on this remor	t is true and accurate and t	this filing does not qualify for hat my signature shall have empowered to execute this	the sam	e legal effe	ct as it	STEP	HEN	H	U7 € 0	RGE		

Cory F. Cohen, Asst. S.
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SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



Manager/Member:

KB Home Florida LLC

Officers:

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Regional General Manager]

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