LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2004 8:00 am
Secretary of State
04-29-2004 90069 038 ****50.00

DOCUMENT # M03000002362

1. Entity Name

KB HOME Treasure Coast LLC

FKA: KB HOME Port St.Lucie LLC

34007954

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
8075 20TH ST.	10990 WILSHIRE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 7TH FLR., TAX DEPT.
City & State: VERO BEACH, FL	City & State: LOS ANGELES, CA
Zip: 32966 Country: USA	Zip: 90024 Country: USA

4. FEI Number: 59-0840550 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable.

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 WILLIAM B. JONES 8075 20TH STREET VERO BEACH, FL 32966	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER JEFFREY T. MEZGER 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 SAM ROSS 12525 NEW BRITTANY BLVD., BLDG.#28 FORT MYERS, FL 33907	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	
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	

CR2E083B (12/02)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #