2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003187

Entity Name: GRAMERCY FARMS, LLC

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9102 SOUTHPARK CENTER LOOP STE 200 ORLANDO, FL 32819 **New Mailing Address: Current Mailing Address:** 9102 SOUTHPARK CENTER LOOP STE 200 ORLANDO, FL 32819 US FEI Number: 20-2970330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete KB HOME ORLANDO LLC Name: Name: 9102 SOUTHPARK CENTER LOOP, STE 200 Address: Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: (X) Change () Addition COHEN, COREY F Name: Name: COHEN, COREY F Address: 10990 WILSHIRE BLVD Address: 10990 WILSHIRE BLVD. 7TH FLOOR City-St-Zip: LOS ANGELES, CA 90024 City-St-Zip: LOS ANGELES, CA 90024 Title: () Delete Title: () Change (X) Addition GLANCE, GEORGE Name: Name: 9102 SOUTH PARK CENTER LOOP, STE 200 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: () Change (X) Addition DEPORRE, VINCE Name: Name: 10475 FORTUNE PKWY, STE. 100 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32256 Title: () Delete Title: () Change (X) Addition HOLLINGER, WILLIAM R Name: Name: 10990 WILSHIRE BLVD, 7TH FLOOR Address: Address: City-St-Zip: City-St-Zip: LOS ANGELES, CA 90024 Title: () Delete Title: () Change (X) Addition RICHELIEU, TONY Name: Name: Address: Address: 10990 WILSHIRE BLVD., 7TH FLOOR LOS ANGELES, CA 90024 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 04/22/2009