## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

## Apr 29, 2008 8:00 am Secretary of State **DOCUMENT # M05000004648** 04-29-2008 90028 012 \*\*\*138.75 1. Entity Name **KB FORTE LLC** Principal Place of Business Mailing Address 10990 WILSHIRE BLVD., SUITE 700 10990 WILSHIRE BLVD., SUITE 700 LOS ANGELES, CA 90024 LOS ANGELES, CA 90024 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite Ant # etc 04212008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number **NOT APPLICABLE** Not Applicable Country Zip \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code City FL 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. DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES President MGRM TITLE Change Addition TITLE ☐ Delete Vince Deforme Parkway # 100 KB HOME FLORIDA LLC NAME NAME 10990 WISHIRE BLVD 7TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LOS ANGELES, CA 90024 Jacksonville. FL 32256 TITLE Assistant Secretary Delete ☐ Change X Addition TITLE lory F. Cohen 10990 Wilshire Blvd. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OS Angeles, (A 90024 Delete ☐ Change TITLE ☐ Addition TRUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or vustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

ATTACHMENT

a Delaware Limited Liability Company

Manager/Member:

**KB** Home

Officers:

Vince DePorre

President\*

Domenico Cecere

Vice President\*\* Vice President\*\*\*

Daniel Green William R. Hollinger

Vice President & Assistant Secretary\*\*

Kelly Masuda

Vice President & Treasurer\*\*

Scott Cookson

Assistant Secretary\*\*\*

Tony Richelieu

Secretary\*\*

Cory F. Cohen

Assistant Secretary\*\*

Ross A. Kay

Assistant Secretary\*\*

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<sup>\*\*10990</sup> Wilshire Blvd., Los Angeles, CA 90024

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