

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004648

FILED
Apr 20, 2009
Secretary of State

Entity Name: KB FORTE LLC

Current Principal Place of Business:

10990 WILSHIRE BLVD., SUITE 700
LOS ANGELES, CA 90024

New Principal Place of Business:

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

Current Mailing Address:

10990 WILSHIRE BLVD., SUITE 700
LOS ANGELES, CA 90024

New Mailing Address:

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

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

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: MGRM () Delete
Name: KB HOME FLORIDA LLC
Address: 10990 WILSHIRE BLVD 7TH FL
City-St-Zip: LOS ANGELES, CA 90024

Title: P () Delete
Name: DEPORRE, VINCE
Address: 10475 FORTUNE PKWY, STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: AS () Delete
Name: COHEN, CORY F
Address: 10990 WILSHIRE BLVD
City-St-Zip: LOS ANGELES, CA 90024

Title: V () Delete
Name: GREEN, DANIEL
Address: 10990 WILSHIRE BLVD
City-St-Zip: LOS ANGELES, CA 90024

Title: AS () Delete
Name: KAY, ROSS A
Address: 10990 WILSHIRE BLVD
City-St-Zip: LOS ANGELES, CA 90024

Title: S () Delete
Name: RICHELIEU, TONY
Address: 10990 WILSHIRE BLVD
City-St-Zip: LOS ANGELES, CA 900024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GLANCE, GEORGE
Address: 10475 FORTUNE PKWY, STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: HOLLINGER, WILLIAM R
Address: 10990 WILSHIRE BLVD
City-St-Zip: LOS ANGELES, CA 90024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

04/20/2009

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