2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03039

FILED Jan 09, 2009 Secretary of State

Entity Name: KENNEDY-WILSON FLORIDA MANAGEMENT INC.

Current Principal Place of Business:		New Principal Place of Business:		
50 S WAG	CKER DRIVE			
HICAGO	, IL 60606	US		
Current Mailing Address:		ess:	New Mailing Address:	
50 S WAG	CKER DRIVE			
	, IL 60606	US		
El Number:	36-3322592	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
200 S PIN	ORATION SY IE ISLAND R ON, FL 3332	D		
LANIAII	OIN, I L 3332	4 US		
he above	·		ourpose of changing its registere	ed office or registered agent, or both,
he above	named entity of Florida		ourpose of changing its registere	ed office or registered agent, or both,
he above the State	named entity e of Florida. RE:			ed office or registered agent, or both, Date
he above the State	named entity e of Florida. RE: Electro	r submits this statement for the រុ		
he above the State GNATUF	named entity e of Florida. RE: Electro	submits this statement for the points statement for the points of Registered Agrang Trust Fund Contribution ().	ent	
he above the State GNATUF	named entity e of Florida. RE: Electro npaign Financi S AND DIRECT D (MCMORROW, 9601 WILSHI	r submits this statement for the point Signature of Registered Ageng Trust Fund Contribution (). CTORS:) Delete	ent	Date
he above the State IGNATUF Iection Car FFICERS tte: ame: ddress:	named entity e of Florida. RE: Electro npaign Financi S AND DIREC MCMORROW 9601 WILSHI TD (LYLE, FREEN 9601 WILSHI	r submits this statement for the provided signature of Registered Ageing Trust Fund Contribution (). CTORS:) Delete , WILLIAM J RE BLVD #220 .LS, CA 90210 US) Delete	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ROSTON P 01/09/2009