

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000002513

**Entity Name:** KB HOME ORLANDO LLC**Current Principal Place of Business:**9102 SOUTHPARK CENTER LOOP SUITE 140  
ORLANDO, FL 32819**Current Mailing Address:**10990 WILSHIRE BLVD  
FL 7  
LOS ANGELES, CA 90024**FEI Number:** 71-0904756**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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**Authorized Person(s) Detail :**

Title P  
Name GLANCE, GEORGE  
Address 9102 SOUTHPARK CENTER LOOP,  
STE 200  
City-State-Zip: ORLANDO FL 32819

Title VP, CFO, ASSISTANT SECRETARY  
Name HOLLINGER, WILLIAM R  
Address 9102 SOUTHPARK CENTER LOOP  
SUITE 200  
City-State-Zip: ORLANDO FL 32819

Title ASEC  
Name COHEN, CORY F  
Address 10990 WILSHIRE BLVD., 7TH FLOOR  
City-State-Zip: LOS ANGELES CA 90024

Title SVP, FINANCE  
Name HOROWITZ, WAYNE  
Address 9102 SOUTHPARK CENTER LOOP  
City-State-Zip: ORLANDO FL 32819

Title MGRM  
Name KB HOME  
Address 10990 WILSHIRE BLVD., 7TH FLOOR  
City-State-Zip: LOS ANGELES CA 90024

Title SEC  
Name RICHELIEU, TONY  
Address 10990 WILSHIRE BLVD 7TH FLOOR  
City-State-Zip: LOS ANGELES CA 90024

Title EVP  
Name DEPORRE, VINCE  
Address 10475 FORTUNE PKWY  
STE 100  
City-State-Zip: JACKSONVILLE FL 32256

Title VP, TREASURER  
Name JOHNSON, THAD  
Address 10990 WILSHIRE BLVD  
FL 7  
City-State-Zip: LOS ANGELES CA 90024

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*I hereby 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 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CORY F. COHEN**ASSISTANT SECRETARY** 03/20/2013\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title           VP, FINANCE  
Name           LONG, CHRISTOPHER  
Address        10475 FORTUNE PKWY  
                  100  
City-State-Zip: JACKSONVILLE FL 32256

Title           ASSISTANT SECRETARY  
Name           DEKLE, JOHN  
Address        10475 FORTUNE PKWY  
                  100  
City-State-Zip: JACKSONVILLE FL 32256

Title           VP, LAND  
Name           FRANKS, LARRY  
Address        7320 EAST FLETCHER AVE  
                  STE 158  
City-State-Zip: TAMPA FL 33637

Title           ASSISTANT SECRETARY  
Name           SIMONS, DAVE  
Address        10990 WISLHIRE BLVD  
                  FL 7  
City-State-Zip: LOS ANGELES CA 90024