2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

	DOCUMENT # A28175					en l		
	1. Entity Name WALDEN WOODS BUSINESS CENTER, LTD.					F 2 25.	die Etherte Genera	
	TIALDEN	ALDEN WOODS BUSINESS CENTER, LTD,				04 APR 30	PM 12:	29
	Principal Plac	e of Business	Mailing Address		I — ————	SECRE IAR	Y OF ST	ΔTF
Ì				CENTER DRIVE . FL 34134		TALLAHASS	SEE ELO	RINA
	PLANT CITY, FL 33567 BONITA SPRINGS, F					IALEMINO	ALLII LO	ICIO/S
	Principal Place of Business 3. Mailing Address							
	2. Principal F	race of Business	3. Mailing Address	Mailing Address				
	Suite, Apt. #, etc.		Suite, Apt, #, etc.	Suite, Apt. #, etc.				
						04272004 Chg-LP	CR2E	003 (10/03)
•	City & State		City & State	City & State		4. FEI Number	,	Applied For
						59-2943279		Not Applicable
	Zip Country		Zip	Cour	ntry	5. Certificate of Status Desire	ed 🔲	\$8.75 Additional
	6. Name and Address of Current		rrent Registered Agent	Registered Agent		7. Name and Address of Ne	w Registered	Fee Required
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	HASTINGS, VIVIEN							
	24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134				Street Address ((P.O. Box Number is Not Acceptable)		
					City			7:- 0
					'		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	
	9. Capital Contributions as Shown on record. \$15,173,602.00 as Shown on record. \$15,173,602.00							
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
	NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
-	12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY							
	DOCUMENT #				EET ADDRESS			
	NAME STREET ADDRESS	WCI COMMUNITIES, INC. DDRESS 24301 WALDEN CENTER DRIVE			-			
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ST/	NAME							
	STREET ADDRESS CITY-SI-ZIP			CITY	r-ST-ZIP			17/00
ŀ	14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3/ii). Florida Statutes, I further carrity that the information							
ļ	indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a General Partner of the limited partnership or I							
- 1	the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes WCI COMMUNITIES, INC.							
	SIGNAT	10/1/11	Hanks	Viv	ien N. Has	tings 04/28/2	004 23	9-498-8605 -
	JIGNAI		ED OR PRINTED NAME OF SIGNING GE	NERAL PARTN	ER	Date		Daytime Phone #
		Senior Vice	Drog of days					