


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A28175</b> 1. Entity Name <b>WALDEN WOODS BUSINESS CENTER, LTD.</b>	
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Principal Place of Business <b>1701 S. ALEXANDER, SUITE 113 PLANT CITY, FL 33567</b>	Mailing Address <b>24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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6. Name and Address of Current Registered Agent <b>HASTINGS, VIVIEN 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>	
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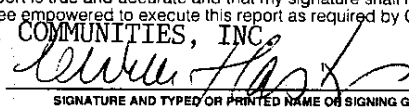
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____

9. Capital Contributions as Shown on record. <b>\$15,173,602.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$3,896,365</b>
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P17013 WCI COMMUNITIES, INC. 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>900036487239 05/17/04--01010--020 **2105.00</b>
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes	
<b>SIGNATURE:</b>  <b>WCI COMMUNITIES, INC.</b> <b>Senior Vice President</b>	<b>Vivien N. Hastings</b> 04/28/2004 239-498-8605

**FILED**

04 APR 30 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>59-2943279</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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STAPLE CHECK HERE