

FILED

03 APR -1 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A28175					
1. Entity Name WALDEN WOODS BUSINESS CENTER, LTD.					
Principal Place of Business 1701 S. ALEXANDER, SUITE 113 PLANT CITY, FL 33567			Mailing Address 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2943279				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HASTINGS, VIVIAN 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable					
9. Capital Contributions as Shown on record. \$15,173,802.00			10. Amount of Capital Contributions in FLORIDA to date. \$3,912,708		
11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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 #	P17013	STREET ADDRESS			
NAME	WCI COMMUNITIES, INC.	CITY - ST - ZIP			
STREET ADDRESS	24301 WALDEN CENTER DRIVE				
CITY - ST - ZIP	BONITA SPRINGS, FL 34134				
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
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CITY - ST - ZIP					
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.					
SIGNATURE: <i>Vivian Hastings</i>			03/21/03 (239) 498-8605		
Vivien N. Hastings, Senior Vice President					

STAPLE CHECK HERE

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