

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 12 AM 11:51



1. Name of Limited Partnership	1a. DOCUMENT # B95000000262
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WCI COMMUNITIES LIMITED PARTNERSHIP

Mailing Address 801 LAUREL OAK DRIVE NAPLES FL 33963	Principal Office Address 1013 CENTRE ROAD WILMINGTON DE 19805	3. Date Formed or Registered 07/24/1995	5a. Capital Contributions as Shown on record \$86,430,000.00
2. Mailing Address 24301 Walden Center Drive	2a. Principal Office Address	3a. Date of Last Report 10/31/1996	5b. Amount of Capital Contributions in FLORIDA to date \$101,000,000
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc.	4. State or Country of Formation DE	6. FEI Number 65-0593738
City & State Bonita Springs, Florida	City & State	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country 34134 USA	Zip Country		

9. Name and Address of Current Registered Agent HASTINGS, VIVEN 801 LAUREL OAK DRIVE, SUITE 500 NAPLES FL 33963	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 24301 Walden Center Drive Suite, Apt. #, etc. Suite 300 City Bonita Springs FL Zip Code 34134
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Vivien Hastings

DATE **10-10-97**

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) INVESTORS OF WCI, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 801 LAUREL OAK DRIVE 24301 Walden Center Dr. Suite 300	11b. City, State & Zip Code NAPLES, FL 33963 Bonita Springs, FL 34134	11c. Registration/Document Number F95000003529
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Vivien Hastings

DATE **10/10/97**

Typed or Printed Name of General Partner Signing Form **Vivien N. Hastings, Secretary**

Daytime Telephone Number **(941) 498-8213**

CR2E003 (6/97)