

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

98 DEC 30 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
B95000000262

WCI COMMUNITIES LIMITED PARTNERSHIP

Mailing Address

24301 WALDEN CENTER DRIVE, SUITE 300
BONITA SPRINGS FL 34134

Principal Office Address

1013 CENTRE ROAD
WILMINGTON DE 19805

3. Date Formed or Registered

07/24/1995

5a. Capital Contributions as Shown on record.

\$101,000,000.00

3a. Date of Last Report

12/12/1997

5b. Amount of Capital Contributions in FLORIDA to date:

\$101,000,000

4. State or Country of Formation

DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0593738

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

HASTINGS, VIVIEN
24301 WALDEN CENTER DRIVE, SUITE 300
BONITA SPRINGS FL 34134

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

DATE

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)

24301 WALDEN CENTER D

11b. City, State & Zip Code

BONITA SPRINGS FL 341

11c. Registration/ Document Number

F95000003529

600002744916--8
-01/15/98--01120--008
****526.25 ****526.25

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 N. Hastings

DATE

12/28/98

Typed or Printed Name of General Partner Signing Form

Vivien N. Hastings, Secretary

Daytime Telephone Number

(941) 498-8213

CR2E003 (8/98)