## 2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# M09000003277

Entity Name: WCI COMMUNITIES, LLC

**FILED** Oct 29, 2010 Secretary of State

Date

**Current Principal Place of Business: New Principal Place of Business:** 

24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134

**Current Mailing Address: New Mailing Address:** 

24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134

FEI Number: 27-0601855 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent

## **MANAGING MEMBERS/MANAGERS:**

MGRM

WCI COMMUNITIES, INC. Name: Address: 24301 WALDEN CENTER DRIVE City-St-Zip: BONITA SPRINGS, FL 34134

Title:

Name: FRY, DAVID

Address: 24301 WALDEN CENTER DRIVE City-St-Zip: BONITA SPRINGS, FL 34134

Title: VΡ

FERRY, JOHN Name:

24301 WALDEN CENTER DRIVE Address: City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVP

Name: HASTINGS, VIVIEN

24301 WALDEN CENTER DRIVE Address: City-St-Zip: BONITA SPRINGS, FL 34134

SVP Title:

D'ALESSANDRO, ED Name:

24301 WALDEN CENTER DRIVE Address: BONITA SPRINGS, FL 34134 City-St-Zip:

Title:

OAK, TIMOTHY Name:

Address: 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134 City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: VIVIEN HASTINGS 10/29/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date