

**2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Mar 24, 2011  
Secretary of State**

DOCUMENT# M09000003277

Entity Name: WCI COMMUNITIES, LLC

**Current Principal Place of Business:**

24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

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

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

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

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

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: P  
Name: FRY, DAVID  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVP  
Name: DEVENDORF, RUSSELL  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVP  
Name: HASTINGS, VIVIEN  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVP  
Name: SCHWARTZ, DOUGLAS  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SVP  
Name: D'ALESSANDRO, ED  
Address: 24301 WALDEN CENTER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34134

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 Statutes.

SIGNATURE: VIVIEN HASTINGS

SVP

03/24/2011

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

# M09000003277

DOCUMENT TRACKING # 00199214066

Additional Officers – WCI Communities, LLC  
Document # M09000003277  
Amended Annual Report

10. OFFICERS AND DIRECTORS			
Title:	SVP	Title:	SVP
Name:	BOYD, CONNIE	Name:	OAK, TIMOTHY
Street Address:	24301 Walden Circle Drive	Street Address:	24301 Walden Circle Drive
City-St-Zip:	Bonita Springs, FL 34134	City-St-Zip:	Bonita Springs, FL 34134