

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
May 16, 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

05/16/2011

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

Fax:

May 18 2011 11:41am P005/007

Additional Officers - WCI Communities, LLC
Document # M09000003277
Annual Report

M09000003277
5-16-11

10. OFFICERS AND DIRECTORS	
Title: SVP [DELETE] Name: BOYD, CONNIE Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134	Title: SVP [DELETE] Name: OAK, TIMOTHY Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134
Title: SVP [DELETE] Name: WALKER, DIANA Street Address: 24301 Walden Center Drive City-St-Zip: Bonita Springs, FL 34134	