2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003282

Entity Name: WCI COMMUNITIES MANAGEMENT, LLC

FILED Apr 30, 2010 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134

Current Mailing Address: New Mailing Address:

24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134

FEI Number: 27-0601636 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 DR. BONITA SPRINGS, FL 34134 US

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 DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: F

Name: FRY, DAVID

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

Title: SVP

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

Title: SVP

Name: HASTINGS, VIVIEN

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

Title: SVP

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

Title: SVF

Name: OAK, TIMOTHY

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

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 SVP 04/30/2010

Fax:

Additional Officers - WCI Communities Management, LLC Document # M09000003282
Annual Report

M09000003282 W09000003282

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OFFICERS AND DIRECTORS	-	
	_=	
Title: SVP	_	Title: SVP
Name: Ed D'Alessandro	_	Name: Reinaldo Mesa
Street Address: 24301 Walden Center Drive	_	Street Address: 24301 Walden Center Drive
City-St-Zip: Bonita Springs, FL 34134		City-St-Zip: Bonita Springs, FL 34134
Title: SVP		Title: VP
Name: Diana Walker		Name: Richard Barber
Street Address: 24301 Walden Center Drive	_	Street Address: 24301 Walden Center Drive
City-St-Zip: Bonita Springs, FL 34134	196	City-St-Zip: Bonita Springs, FL 34134
Title: VP		Title: VP
Name: Jackie Buckler		Name: John Ferry
Street Address: 24301 Walden Center Drive	-	Street Address: 24301 Walden Center Drive
City-St-Zip: Bonita Springs, FL 34134	=	City-St-Zip: Bonita Springs, FL 34134
Title: VP		Title: VF
Name: Christine Green	_	Name: Robert King
Street Address: 24301 Walden Center Drive	-	Street Address: 24301 Walden Center Drive
City-St-Zip: Bonita Springs, FL 34134		City-St-Zip: Bonita Springs, FL 34134
Title: VP		Title: VPT
Name: Craig Klingensmith		Name: Sheila Leith
Street Address: 24301 Walden Center Drive		Street Address: 24301 Walden Center Drive
City-St-Zip: Bonita Springs, FL 34134	· _==	City-St-Zip: Bonita Springs, FL 34134
Title: VP		
Name: Nicole Swartz		
Street Address: 24301 Walden Center Drive	_	
City-St-Zip: Bonita Springs, FL 34134		