

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Dec 21, 2012
Secretary of State**

DOCUMENT# M09000003282

Entity Name: WCI COMMUNITIES MANAGEMENT, LLC

Current Principal Place of Business:

24301 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24301 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 27-0601636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, VIVIEN
24301 WALDEN CENTER DR.
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 DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: P
Name: BASS, KEITH
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: SVPS
Name: HASTINGS, VIVIEN
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: SVP
Name: ERHARDT, PAUL
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 Statutes.

SIGNATURE: VIVIEN HASTINGS

SVPS

12/21/2012

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