

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P1000104336					
1. Entity Name WMCI COMMUNITIES, INC.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 17598 Rockefeller Circle			3. Mailing Address 17598 Rockefeller Circle		
Suite, Apt. #, etc. Suite 201			Suite, Apt. #, etc. Suite 201		
City & State Fort Myers, Florida			City & State Fort Myers, Florida		
Zip 33912-5846	Country USA	Zip 33912-5846	Country USA	4. FEI Number 65-1152048	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent					
Name F: Michelle Morgan					
Street Address (P.O. Box Number is Not Acceptable)					
17598 Rockefeller Circle, Suite 201					
City Fort Myers				FL	Zip Code 33912-5846
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>F. Michelle Morgan</i>			DATE 01-01-03		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. F. Michelle Morgan 17598 Rockefeller Circle, Ste. 201 Fort Myers, Florida 33912-5846		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500019319355 05/19/03--01048--020 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500019319355 05/19/03--01048--021 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATEMENT 02-05-03		TITLE NAME STREET ADDRESS CITY-ST-ZIP	778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>F. Michelle Morgan</i>			DATE 01-01-03 (239) 590-9300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

FILED
03 MAY 13 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/02)