

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003277

**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC7611328379**

**Entity Name:** WCI COMMUNITIES, LLC

**Current Principal Place of Business:**

24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

24301 WALDEN CENTER DRIVE  
BONITA SPRINGS, FL 34134

**FEI Number:** 27-0601855

**Certificate of Status Desired:** No

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

HASTINGS, VIVIEN  
24301 WALDEN CENTER DRIVE  
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

**Authorized Person(s) Detail :**

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

Title P  
Name BASS, KEITH  
Address 24301 WALDEN CENTER DRIVE  
City-State-Zip: BONITA SPRINGS FL 34134

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

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

Title SVP  
Name ERHARDT, PAUL  
Address 24301 WALDEN CENTER DRIVE  
City-State-Zip: BONITA SPRINGS FL 34134

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIVIEN HASTINGS

**SVPS**

**01/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date