

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003282

Entity Name: WCI COMMUNITIES MANAGEMENT, LLC

Current Principal Place of Business:

24301 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134

Current Mailing Address:

24301 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134

FEI Number: 27-0601636

Certificate of Status Desired: No

Name and Address of Current 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

Authorized Person(s) Detail :

Title MGRM
Name WCI COMMUNITIES, INC.
Address 24301 WALDEN CENTER DR.
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