

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003282

**FILED**  
**Feb 10, 2017**  
**Secretary of State**  
**CC7814018644**

**Entity Name:** WCI COMMUNITIES MANAGEMENT, LLC

**Current Principal Place of Business:**

700 NW 107 AVENUE  
SUITE 400  
MIAMI, FL 33172

**Current Mailing Address:**

700 NW 107 AVENUE  
SUITE 400  
MIAMI, FL 33172 US

**FEI Number:** 27-0601636

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
SUITE 250  
PLANTATION , FL 33324 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:** MADONNA CUDDIHY

02/10/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name MILLER , STUART A.  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

Title CFO, VP  
Name GROSS, BRUCE  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

Title PRES  
Name BECKWITT, RICHARD  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

Title VP  
Name ELLIS, LANCE  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

Title VP  
Name JAFFE, JONATHAN M.  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

Title VP  
Name MCMURRAY, DARIN L.  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

Title VP  
Name RAPAPORT, JOHN  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

Title VP  
Name ROTHMAN, FRED  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

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*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK SUSTANA

VP

02/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP, SEC  
Name SUSTANA, MARK  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172

Title CONTROLLER  
Name COLLINS , DAVID  
Address 700 NW 107 AVENUE  
SUITE 400  
City-State-Zip: MIAMI FL 33172