


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000034011			
1. Entry Name WDL PRIMARY MANAGEMENT, LLC			
Principal Place of Business 1010 E. ADAMS ST. JACKSONVILLE, FL 32202		Mailing Address 1010 E. ADAMS ST. JACKSONVILLE, FL 32202	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 06-1668204		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRANT, ABRAHAM, REITER & MCCORMICK, PA 60 NORTH LAURA ST., STE. 2760 JACKSONVILLE, FL 32202		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		DATE _____	
<small>Signature typed or printed name of registered agent (see 2 applicable)</small>		<small>(NOTE: Registered Agent's signature required when registering)</small>	
		FINE NOW WITH FEES IS \$50.00 MAKE CHECK PAYABLE TO Florida Department of State Due By May 2004	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member / VICE PRESIDENT <input type="checkbox"/> Delete Elizabeth Ross Lovett 3945 Ortega Blvd. Jacksonville, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete William D. Lovett Trust "A" 1010 East Adams Street Jacksonville, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/SECTY <input type="checkbox"/> Delete William D. Lovett Trust-A ELIZABETH Colledge, TRUSTEE 1010 E. ADAMS ST. JAX FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREASURER <input type="checkbox"/> Delete William D. Lovett Trust-A CAROL B. HERTLE, TRUSTEE 1010 E. ADAMS ST. JAX FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 60B, Florida Statutes.			
SIGNATURE: <i>Carol B. Hertle</i>		Date: <i>7/2/03</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>	
		904-355-8311	

William D. Lovett Trust A, Carol B. Hertle, Trustee

CR2E083 (10/02)

Attachment

55051538



#LD200034011

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.

- ATTORNEYS AND COUNSELLORS -

Thomas M. Reiter
tmreiter@barm-law.com

July 7, 2003

PERSONAL AND CONFIDENTIAL
TO BE OPENED BY ADDRESSEE ONLY

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Division of Corporations
PO Box 6478
Tallahassee, FL 32314-6478

Re: 2003 Uniform Business Report for WDL Primary Management, LLC

Dear Sir/Madam:

Enclosed is the 2003 Uniform Business Report for WDL Primary Management, LLC, along with check number 1003 in the amount of \$50.00 for the applicable filing fees.

If you have any questions, please do not hesitate to call.

Very truly yours,

Thomas M. Reiter

TMR/stc
Enclosures

cc: Mrs. Carol B. Hertle (w/encl.)
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