

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034011

Entity Name: WDL PRIMARY MANAGEMENT, LLC**Current Principal Place of Business:**1010 E. ADAMS ST.
JACKSONVILLE, FL 32202**Current Mailing Address:**1010 E. ADAMS ST.
JACKSONVILLE, FL 32202**FEI Number:** 06-1668204**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRANT, ABRAHAM, REITER & MCCORMICK, PA
50 NORTH LAURA ST., STE.2750
JACKSONVILLE, FL 32202 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	VP
Name	LOVETT, ELIZABETH ROSS
Address	3945 ORTEGA BLVD
City-State-Zip:	JACKSONVILLE FL 32210

Title	MGRM
Name	LOVETT TRUST A, WILLIAM D
Address	1010 EAST ADAMS STREET
City-State-Zip:	JACKSONVILLE FL 32202

Title	VPS
Name	WILSON, KENNETH P
Address	1010 E. ADAMS ST
City-State-Zip:	JACKSONVILLE FL 32202

Title	PT
Name	COLLEDGE, ELIZABETH L
Address	1010 E. ADAMS ST
City-State-Zip:	JACKSONVILLE FL 32202

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: ELIZABETH L. COLLEDGE**PRESIDENT****02/04/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date