

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001963 AB

DOCUMENT # A02000001738

1. Entity Name  
WDL LIMITED PARTNERSHIP, LLLP



FILED

03 AUG 27 PM 4:07

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
1010 EAST ADAMS STREET  
JACKSONVILLE FL 32202

Mailing Address  
1010 EAST ADAMS STREET  
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

05-0549432

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DUE BY SEPTEMBER 24, 2003

6. Name and Address of Current Registered Agent

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.  
50 NORTH LAURA STREET, SUITE 2750  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$11,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$11,500,000.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L02000034011  
NAME WDL PRIMARY MANAGEMENT, LLC  
STREET ADDRESS 1010 EAST ADAMS STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202

STREET ADDRESS

CITY-ST-ZIP

900022620479  
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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED  
CAROL B. HERTLE

8/13/03 904-355-8311

Date

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE