


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000034011		
1. Entity 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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, PA 50 NORTH LAURA ST., STE. 2750 JACKSONVILLE, FL 32202		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when resigning)</small>
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS LOVETT, ELIZABETH 3945 ORTEGA BLVD JACKSONVILLE, FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVETT, WILLIAM D TRUST 1010 EAST ADAMS STREET JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COLLEDGE, ELIZABETH 1010 E. ADAMS ST JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HERTLE, CAROL B 1010 E. ADAMS ST JACKSONVILLE, FL 32202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.		
SIGNATURE <u>Carol B. Hertle</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1-30-06</u> Daytime Phone # <u>(904) 355-8311</u>

CAROL B. HERTLE, PRESIDENT/TREAS.