


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 30 AM 7:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # M94000000142
W. M. CRAMER PROPERTIES, L.L.C., LIMITED COMPANY
P.O. BOX 1981
SANFORD FL 32772-1981

1a. Principal Place of Business Address
110 TECH DRIVE
SANFORD FL 32772

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1/17/1994	NC
City & State	City & State	4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	56-1897331	5. Date of Last Report
		03/04/1996	6. Certificate of Status Desired <input type="checkbox"/> See Additional Fee Required

7. Name and Address of Current Registered Agent
BOGNER, JAMES B
C/O MATEER, HERBERT & BATES, P.A.
225 E. ROBINSON, SUITE 600 LANDMARK
ORLANDO FL 32801

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City **FL** Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CRAMER, WENDELL M	3515 FALLING CREEK ROAD	HICKORY NC
MGRM	CRAMER, MICHAEL	3515 FALLING CREEK ROAD	HICKORY NC
MGRM	CRAMER, KIM	3515 FALLING CREEK ROAD	HICKORY NC

200002074292--8
-01/31/97--01001--006
***203.75 ***203.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Kimberly A. Cramer* Kimberly A. Cramer 1/27/97 704-357-7481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

aw 7-30-97