


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		03/17/99 03/17/99 11:22
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 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		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 11/17/1994 3a. State of Formation NC
		4. FEI Number 56-1897331		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 03/02/1998		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent BOGNER, JAMES B C/O MATEER, HARBERT & BATES, P.A. 225 E. ROBINSON, SUITE 600 LANDMARK ORLANDO FL 32801		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State FL Zip Code <i>32772</i>		
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 _____
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when Retiring)</small>				
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	
			300002788629--1 -02/26/99--01072--002 ****188.75 ****188.75	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Kim Cramer</i> Kim Cramer 2/17/99 (828) 357-7461				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGER, MEMBER OR MANAGER</small>				