

2001 UNIFORM BUSINESS REPORT (UBR)

0026472 AF

DOCUMENT # M94000000142

1. Entity Name
W. M. CRAMER PROPERTIES, L.L.C., LIMITED COMPANY

FILED

01 JAN 18 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
110 TECH DRIVE
SANFORD FL 32772

Mailing Address
P.O. BOX 1981
SANFORD FL 32772-1981

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **56-1897331** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOGNER, JAMES B
C/O MATEER, HARBERT & BATES, P.A.
225 E. ROBINSON, SUITE 600 LANDMARK II
ORLANDO FL 32801

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS Delete

10. ADDITIONS/CHANGES Change Addition

TITLE NAME Delete
MGRM
CRAMER, WENDELL M
STREET ADDRESS
3515 FALLING CREEK ROAD
CITY-ST-ZIP
HICKORY NC 28601

TITLE NAME Change Addition
500003572585--7
STREET ADDRESS
-01/24/01--01021--018
CITY-ST-ZIP
*******55.00 *****55.00**

TITLE NAME Delete
MGRM
CRAMER, MICHAEL
STREET ADDRESS
3515 FALLING CREEK ROAD
CITY-ST-ZIP
HICKORY NC 28601

TITLE NAME Change Addition
Kim VOLLINGER
STREET ADDRESS
210 35th Ave NE
CITY-ST-ZIP
HICKORY, NC 28601

TITLE NAME Delete
~~**MGRM**~~
~~**CRAMER, KIM**~~
STREET ADDRESS
~~**3515 FALLING CREEK ROAD**~~
CITY-ST-ZIP
~~**HICKORY NC 28601**~~

TITLE NAME Change Addition
 Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

11. 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 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: Wendell M. Cramer **Wendell M. Cramer** 1/12/01 (828) 397-7481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)