## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 22, 2002 8:00 am Secretary of State DOCUMENT # M9400000142 01-22-2002 90093 016 \*\*\*\*50.00 W. M. CRAMER PROPERTIES, L.L.C., LIMITED COMPANY Mailing Address Principal Place of Business △ 5-O. BCX 1981 110 TECH DRIVE SANFORD FL 32772-1981 SANDFORD FL 32772 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 56-1897331 Not Applicable Country \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOGNER, JAMES B Street Address (P.O. Box Number is Not Acceptable) C/O MATEER, HARBERT & BATES, P.A. 225 E. ROBINSON, SUITE 600 LANDMARK II ORLANDO FL 32801 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 10. 9. MANAGING MEMBERS/MANAGERS ☐ Addition ☐ Change **MGRM** TITLE TITLE ☐ Delete NAME CRAMER, WENDELL M STREET ADDRESS STREET ADDRESS 3515 FALLING CREEK ROAD CITY-ST-ZIP CITY-ST-ZIP HICKORY NC 28601 Change ☐ Addition **MGRM** ☐ Delete TITI F TITLE NAME CRAMER, MICHAEL NAME STREET ADDRESS STREET ADDRESS 3515 FALLING CREEK ROAD CITY-ST-ZIP CITY-ST-ZIP\_ HICKORY-NC-28601 -Change ☐ Addition **MGRM** TITLE ☐ Delete VOLLINGER, KIM NAME NAME STREET ADDRESS STREET ADDRESS 210 35TH AVE. NE CITY-ST-ZIP CITY-ST-ZIP HICKORY NC 28601 □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME STREET ADDRESS

CITY-ST-2IP