


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # M94000000142

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



Principal Place of Business Mailing Address

110 TECH DRIVE P.O. BOX 1981
 SANDFORD, FL 32772 SANFORD, FL 32772-1981

DO NOT WRITE IN THIS SPACE



01072004No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-1897331	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAMER, WENDELL M 3515 FALLING CREEK ROAD HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAMER, MICHAEL 3515 FALLING CREEK ROAD HICKORY, NC 28601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOLLINGER, KIM 210 35TH AVE. NE HICKORY, NC 28601
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 1/12/04 (828) 397-7481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #