2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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01052005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
56-1897331	Not Applicable

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 _____

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, 2005

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	CRAMER, WENDELL M	
STREET ADDRESS	3515 FALLING CREEK ROAD	
CITY-ST-ZIP	HICKORY, NC 28601	
TITLE	MGRM	
NAME	CRAMER, MICHAEL	
STREET ADDRESS	3515 FALLING CREEK ROAD	
CITY-ST-ZIP	HICKORY, NC 28601	
TITLE	MGRM	
NAME	VOLLINGER, KIM	
STREET ADDRESS	210 35TH AVE. NE	
CITY-ST-ZIP	HICKORY, NC 28601	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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   1/10/05   (828) 397-7481

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