


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 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
 SANDFORD, FL 32772** **P.O. BOX 1987
 SANFORD, FL 32772-1981**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-1897331	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/18/06-80003-020 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the info 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, 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** 1/9/06 (828)347-7481

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