

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # M94000000142

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



Principal Place of Business
110 TECH DRIVE
SANFORD, FL 32772

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



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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IN THIS SPACE**

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)

U000000582002
01/11/07-80015-006 50.00
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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

1/9/07 (828) 357-7481

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

Date

Daytime Phone #