

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, SANDFORD, FL 32772
 Mailing Address: P.O. BOX 1981, SANDFORD, FL 32772-1981

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01092007 No Chg-LLC CR2E083 (11/05)
 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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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 reinstating)
 U00000582002
 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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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 #