


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 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



01102008 No Chg-LLC CR2E083 (12/07)

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 800 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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000783075
 01/15/08-50099-023 138.75

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	

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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 1/14/08 (528) 357-7481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #