

**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

110 TECH DRIVE  
SANFORD, FL 32772

Mailing Address

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



01102008 No Chg-LLC

CR2E083 (12/07)

**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, HERBERT & BATES, P.A.  
225 E. ROBINSON, SUITE 800 LANDMARK II  
ORLANDO, FL 32801

**DO NOT WRITE  
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 reappointing)

DATE

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

1100000783075  
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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
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

1/11/08

(526) 357-7481

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

Date

Daytime Phone #