

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M94000000142

FILED  
Sep 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

110 TECH DRIVE  
SANDFORD, FL 32772

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1981  
SANFORD, FL 327721981

**New Mailing Address:**

FEI Number: 56-1897331      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CRAMER, WENDELL M  
Address: 3515 FALLING CREEK ROAD  
City-St-Zip: HICKORY, NC 28601

Title: MGRM ( ) Delete  
Name: CRAMER, MICHAEL  
Address: 3515 FALLING CREEK ROAD  
City-St-Zip: HICKORY, NC 28601

Title: MGRM ( ) Delete  
Name: VOLLINGER, KIM  
Address: 210 35TH AVE. NE  
City-St-Zip: HICKORY, NC 28601

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KIM VOLLINGER

MGRM

09/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date