

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M94000000142

**FILED**  
**Feb 09, 2012**  
**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 2888  
HICKORY, NC 28603 US

**New Mailing Address:**

**FEI Number:** 56-1897331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

W. M. CRAMER PROPERTIES LLC  
110 TECH DR  
SANFORD, FL 32772 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  
**Name:** CRAMER, WENDELL M  
**Address:** 3515 FALLING CREEK ROAD  
**City-St-Zip:** HICKORY, NC 28601

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

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

I hereby 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

02/09/2012

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