2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000000327

1. Entity Name
BILL CRAMER INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
2067 ROSS CLARK CIRCLE, S.E. DOTHAN, AL 36301	P O BOX 490 PANAMA CITY, FL 32402

04052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1166048
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CRAMER, WILLIAM C JR
2251 WEST 23RD STREET
PANAMA CITY, FL 32405

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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)

Filing Fee is $50.00
Due by May 1, 2006

000000502403
04/25/06-80103-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MBR
NAME	CRAMER, WILLIAM C JR
STREET ADDRESS	2067 ROSS CLARK CIRCLE, S.E.
CITY-ST-ZIP	DOTHAN, AL 36301
TITLE	MBR
NAME	CRAMER PROPERTIES OF ALABAMA, INC.
STREET ADDRESS	2067 ROSS CLARK CIRCLE, S.E.
CITY-ST-ZIP	DOTHAN, AL 36301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 4/6/06 (850) 747-7621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #