


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000050699 1. Entity Name A FAMILY TRADITION, LLC	
--	---

Principal Place of Business 250 PEBBLE BEACH DR PORT SAINT JOE, FL 32456	Mailing Address 1047 AVERY CREEK DRIVE WOODSTOCK, GA 30188
--	--

**DO NOT WRITE IN THIS SPACE**



04152005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 86-1091200	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

KERIGAN, JOHN JOSEPH JR  
1403 CONSTITUTION DRIVE  
PORT SAINT JOE, FL 32456

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRIS, GAYLE 4331 WHITELEAF WAY CANTON, GA 30115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRIS, ED 4331 WHITELEAF WAY CANTON, GA 30115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATES, PHILLIP 1047 AVERY CREEK DR WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CATES, REBECCA 1047 AVERY CREEK DR WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000336399  
04/27/05-80126-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**       Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE