


**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	
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Principal Place of Business 250 PEBBLE BEACH DR PORT SAINT JOE, FL 32456	Mailing Address 1047 AVERY CREEK DRIVE WOODSTOCK, GA 30188
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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"/>	\$5.00 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	

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04/27/05-80126-006 50.00

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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