

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 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**



03292007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1091200

Applied For
Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FERRIS, GAYLE S MRS.
STREET ADDRESS	4331 WHITELEAF WAY
CITY-ST-ZIP	CANTON, GA 30115
TITLE	MGRM
NAME	FERRIS, ED R MR.
STREET ADDRESS	4331 WHITELEAF WAY
CITY-ST-ZIP	CANTON, GA 30115
TITLE	MGRM
NAME	CATES, PHILLIP MR.
STREET ADDRESS	1047 AVERY CREEK DR
CITY-ST-ZIP	WOODSTOCK, GA 30188
TITLE	MGRM
NAME	CATES, REBECCA T MRS.
STREET ADDRESS	1047 AVERY CREEK DR
CITY-ST-ZIP	WOODSTOCK, GA 30188
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/07-80003-014 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/29/07 770845-8008
Date Daytime Phone #