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	Mailing Address
250 PEBBLE BEACH DR PORT SAINT JOE, FL 32456	1047 AVERY CREEK DRIVE WOODSTOCK, GA 30188

DO NOT WRITE IN THIS SPACE

03292007 No Chg-LLC CR2E083 (11/05)

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 _____ 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, 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	

U00000686533
04/10/07-80003-014 50.00

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: _____ 3/29/07 770345-8008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #