

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000050699

Entity Name: A FAMILY TRADITION, LLC

**FILED**  
**Apr 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

250 PEBBLE BEACH AVENUE  
PORT SAINT JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

1047 AVERY CREEK DRIVE  
WOODSTOCK, GA 30188

**New Mailing Address:**

4331 WHITELEAF WAY  
CANTON, GA 30115

FEI Number: 86-1091200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FERRIS, GAYLE S MRS.  
Address: 4331 WHITELEAF WAY  
City-St-Zip: CANTON, GA 30115

Title: MGRM  
Name: FERRIS, ED R MR.  
Address: 4331 WHITELEAF WAY  
City-St-Zip: CANTON, GA 30115

Title: MGRM  
Name: CATES, PHILLIP MR.  
Address: 1047 AVERY CREEK DR  
City-St-Zip: WOODSTOCK, GA 30188

Title: MGRM  
Name: CATES, REBECCA T MRS.  
Address: 1047 AVERY CREEK DR  
City-St-Zip: WOODSTOCK, GA 30188

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GAYLE FERRIS

MM

04/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date