

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031300

Entity Name: TRADITIONS MANAGEMENT, LLC

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

246 2ND STREET N.
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

1022 MAIN STREET
DUNEDIN, FL 34698 US

Current Mailing Address:

246 2ND STREET N.
SAFETY HARBOR, FL 34695 US

New Mailing Address:

1022 MAIN STREET
DUNEDIN, FL 34698 US

FEI Number: 20-2609718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATKINS, BEN
246 2ND STREET N.
SAFETY, FL 34695 US

Name and Address of New Registered Agent:

ATKINS, BEN
1022 MAIN STREET
DUNEDIN, FL 34698 US

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: BEN ATKINS

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ATKINS, BENJAMIN
Address: 246 2ND STREET N
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: MGRM () Delete
Name: MORRISON, MARYA
Address: 246 2ND STREET N.
City-St-Zip: SAFETY HARBOR, FL 34695 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ATKINS, BENJAMIN
Address: 1022 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698 US

Title: MGRM (X) Change () Addition
Name: MORRISON, MARYA
Address: 1022 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: BEN ATKINS

MGRM

04/17/2006

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