

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053435

FILED  
Jan 11, 2006  
Secretary of State

**Entity Name:** TRADITIONS MANAGEMENT OF FLORIDA, LLC

**Current Principal Place of Business:**

246 2ND STREET NORTH  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

1022 MAIN STREET  
SUITE H  
DUNEDIN, FL 34698 US

**Current Mailing Address:**

246 2ND STREET NORTH  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

1022 MAIN STREET  
SUITE H  
DUNEDIN, FL 34698 US

**FEI Number:** 20-3009268

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ATKINS, BEN A  
246 2ND STREET NORTH  
SAFETY HARBOR, FL 34695 US

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

ATKINS, BEN A  
1022 MAIN STREET  
SUITE H  
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

01/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ATKINS, BEN A  
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, BEN A  
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

01/11/2006

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