2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L06000061914

1. Entity Name

SIGNATURE:

INVESTORS AT TRADITIONS, LLC

Principal Place of Business
C/O ASSET SPECIALISTS, INC.
2442 METROCENTRE BOULEVARD

WEST PALM BEACH, FL 33407-3105

Mailing Address

C/O ASSET SPECIALISTS, INC. 2442 METROCENTRE BOULEVARD WEST PALM BEACH, FL 33407-3105

FILED Apr 11, 2008 08:00 A Secretary of State



04032008 No Chg-LLC

CR2E083 (12/07)

	\$5.00	Additional
20-5469739	_	Not Applicable
4. FEI Number		Applied For

5. Certificate of Status Desired

Fee Required

Daytime Phone #

6.	Name	and Address	of Current	Registered	Agent

WHITE, JOHN II 1645 PALM BEACH LAKES BOULEVARD SUITE 1200 WEST PALM BEACH, FL 33401

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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		
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASSET SPECIALISTS, INC. 2442 METROCENTRE BOULEVARD WEST PALM BEACH, FL 334073105		U00000892030 04/23/08-80049-003 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			047237007300437003 138.(8		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.					

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