


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90056 018 ****55.00

DOCUMENT # L06000112191

1. Entity Name
CHAOS PROPERTIES LLC



Principal Place of Business Mailing Address
32 BURNING SANDS LANE **32 BURNING SANDS LANE**
PALM COAST FL 32137 **PALM COAST FL 32137**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
7145 AIA S **7145 AIA S.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **# 22**

2nd MOORE CR2E083 (4/07)

City & State City & State
St. Augustine FL **St. Augustine FL**
 Zip Country Zip Country
32080 **St. Johns** **32080** **St. Johns**

4. FEI Number Applied For
20-5593439 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
SOUTHWORTH, JAMES
32 BURNING SANDS LANE
PALM COAST FL 32137

7. Name and Address of New Registered Agent
 Name **JAMES SOUTHWORTH**
 Street Address (P.O. Box Number is Not Acceptable)
7145 AIA S. # 22
 City State Zip Code
St. Augustine **FL** **32080**

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 **JAMES SOUTHWORTH Reg Agent** *James W Southworth Reg Agent* **7-31-07**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTHWORTH, JAMES W 32 BURNING SANDS LANE PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James Southworth* **JAMES SOUTHWORTH** **MGRM** **7-31-07** **904-315-7767**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #