

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 PALM COAST FL 32137



2. Principal Place of Business - No P.O. Box #
7145 AIA S

Suite, Apt. #, etc.
22

3. Mailing Address
7145 AIA S.

Suite, Apt. #, etc.
22

City & State
St. Augustine FL

City & State
St. Augustine FL

2nd MOORE CR2E083 (4/07)

4. FEI Number
20-5593439

Applied For
 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
St. Augustine

State
FL

Zip Code
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 #