

# 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

32 BURNING SANDS LANE  
PALM COAST FL 32137

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

Zip

32080

Country

St. Johns

City & State

ST. Augustine FL

Zip

32080

Country

St. Johns

4. FEI Number

20-5593439

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

2nd MOORE

CR2E083 (4/07)



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

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 MGRM ☐ Delete  
NAME SOUTHWORTH, JAMES W  
STREET ADDRESS 32 BURNING SANDS LANE  
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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 #