

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090264

FILED
Apr 08, 2008
Secretary of State

Entity Name: CONTROLLED CHAOS GROUP, LLC

Current Principal Place of Business:

1018 SIENA PARK BOULEVARD WEST
CELEBRATION, FL 34747

New Principal Place of Business:

950 CELEBRATION BLVD #B
CELEBRATION, FL 34747

Current Mailing Address:

1018 SIENA PARK BOULEVARD WEST
CELEBRATION, FL 34747

New Mailing Address:

950 CELEBRATION BLVD #B
CELEBRATION, FL 34747

FEI Number: 26-0837567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, SCOTT E
111 NORTH ORANGE AVENUE, SUITE 1200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DERUSHA, JAMES
Address: 1018 SIENA PARK BOULEVARD WEST
City-St-Zip: CELEBRATION, FL 34747

Title: MGR () Delete
Name: RADYS, ALDONA
Address: 1018 SIENA PARK BOULEVARD WEST
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DERUSHA, JAMES
Address: 950 CELEBRATION BLVD #B
City-St-Zip: CELEBRATION, FL 34747

Title: MGR (X) Change () Addition
Name: RADYS, ALDONA
Address: 950 CELEBRATION BLVD #B
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify 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: ALDONA RADYS

MGR

04/08/2008

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