

APPROVED  
AND  
FILED

01 APR 26 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000345

1. Entity Name

CHAOS OF SOUTH BEACH, L.L.C.

Principal Place of Business  
743 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

Mailing Address  
5101 MADISON AVENUE  
SUITE ONE  
INDIANAPOLIS, IN 46227

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

72-1466322

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASALS, CHRISTINA R ESQ.

DOUMAR, ALLSWORTH, CURTIS, CROSS, ET AL

1177 S.E. 3RD AVENUE

FT. LAUDERDALE, FL 33316

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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 Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MANAGING MEMBER  
CHAOS MEMBER, INC.  
3610 RED OAK COURT  
NEW ORLEANS, LA 70131

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

600004190386  
-05/09/01--01083--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MEMBER  
PETER LOFTIN  
4300 SIX FORKS ROAD; 900  
RALEIGH, NC 27607

☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

MEMBER  
TOM IRELAND  
12000 BISCAYNE BLVD; 810  
MIAMI, FL 33181

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #