

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000032495**

1. Entity Name  
**DESJARDINS-DESILETS PROPERTIES, LLC**



Principal Place of Business  
**5935 TRAILSIDE DRIVE  
PARK CITY, UT 84098**

Mailing Address  
**5935 TRAILSIDE DRIVE  
PARK CITY, UT 84098**



03172008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DESJARDINS, GEORGES  
5935 TRAILSIDE DRIVE  
PARK CITY, FL 84098**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000872887  
04/10/08-80056-011 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR**  
NAME **DESJARDINS, GEORGES**  
STREET ADDRESS **5935 TRAILSIDE DRIVE**  
CITY-ST-ZIP **PARK CITY, UT 84098**

TITLE **MGR**  
NAME **DESILETS, CLAIRE**  
STREET ADDRESS **5935 TRAILSIDE DRIVE**  
CITY-ST-ZIP **PARK CITY, UT 84098**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

*Georges Desjardins*  
**Georges Desjardins**

*3/27/08*  
**3/27/08**

*435-655-0257*  
**435-655-0257**

Date Daytime Phone #