2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099443

Entity Name: DESMOND FARMS, LLC

Address:

City-St-Zip:

15970 KRISON LANE

FORT MYERS, FL 33912

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15970 KRISON LANE FORT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** PO BOX 61036 FORT MYERS, FL 33906 FEI Number: 59-3824263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DESMOND, LAEL 15970 KRISON LANE FORT MYERS, FL 33912 US 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition DESMOND, DEBRA Name: Name: Address: 15970 KRISON LANE Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DESMOND, LAEL Name:

Address:

City-St-Zip:

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: LAEL DESMOND MGMR 01/07/2009