

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000075399

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** DESPERATE HOUSEWIVES, LLC

**Current Principal Place of Business:**

1649 RIVER BREEZE DRIVE  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

1560 BUSINESS CENTER DRIVE  
SUITE 12B  
FLEMING ISLAND, FL 32003

**Current Mailing Address:**

1649 RIVER BREEZE DRIVE  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

1560 BUSINESS CENTER DRIVE  
SUITE 12B  
FLEMING ISLAND, FL 32003

**FEI Number:** 27-2999656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORNELL, LISA L  
1649 RIVER BREEZE DRIVE  
FLEMING ISLAND, FL 32003 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  
Name: JIMMERSON, KAREN A  
Address: 406 OVERBROOK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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: KAREN JIMMERSON

MGR

04/27/2011

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