


2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000005829</b> 1. Entity Name M B SERVICES OF NAPLES, L.L.C.	
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Principal Place of Business % MALCOLM BLUEMEL 802 ANCHOR RODE DRIVE NAPLES, FL 34103	Mailing Address % MALCOLM BLUEMEL 802 ANCHOR RODE DRIVE NAPLES, FL 34103
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**DO NOT WRITE IN THIS SPACE**

% B , , , , , , , 1 4 . 5 9 &

02052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3648290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BLUEMEL, MALCOLM  
802 ANCHOR RODE DRIVE  
NAPLES, FL 34103

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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

Filing Fee is \$50.00  
Due by May 1, 2004

U000000057777  
02/20/04-80003-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLUEMEL, MALCOLM 4230 CRAYTON ROAD NAPLES, FL 34103
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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: MALCOLM BLUEMEL CEO 2/16/04 262-1874  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #