2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000005829

1. Entity Name

Principal Place of Business

% MALCOLM BLUEMEL 802 ANCHOR RODE DRIVE

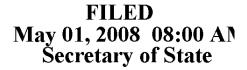
NAPLES, FL 34103

M B SERVICES OF NAPLES, L.L.C.



Mailing Address

% MALCOLM BLUEMEL 802 ANCHOR RODE DRIVE NAPLES, FL 34103





04262008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
59-3648290		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional aguired

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BLUEMEL, MALCOLM 802 ANCHOR RODE DRIVE NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

FILE NOWIII FEE IS \$138.75			
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE	
SIGNATURE			
 the above named entity submits this statement for the purpose of ch the obligations of registered agent. 	nanging its registered office or registered agent, or both	n, in the State of Florida. It am familiar with, and t	accept

After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLUEMEL, MALCOLM 802 ANCHOR RODE DR NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	
NAME STREET ADDRESS CITY-S1-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
IITLE 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:

Richard Bfrazier May. 4-26-08