


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000089041</b> 1. Entity Name J.L.M. NAPLES, LLC	
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Principal Place of Business 1017 BARCARMIL WAY NAPLES, FL 34110	Mailing Address 1017 BARCARMIL WAY NAPLES, FL 34110
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**DO NOT WRITE IN THIS SPACE**



01042008No Chg-LLC

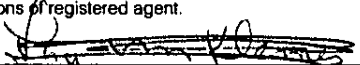

CR2E083 (12/07)

4. FEI Number 20-5524437	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KLEMES, LISA M 1017 BARCARMIL WAY NAPLES, FL 34110
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**DO NOT WRITE IN THIS SPACE**

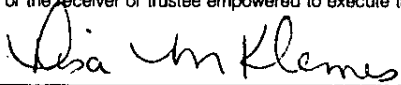
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  CMIC	DATE 
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

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

U0000008555931  
03/27/08-80071-009 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEMES, JOHN C 1017 BARCARMIL WAY NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEMES, LISA M 1017 BARCARMIL WAY NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEMES, MARY K 1017 BARCARMIL WAY NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:  Lisa M. Klemes	Date: 3/7/08 239-596-3330
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>