2006 LIMITED LIABILITY COMPANY ANNUAL REPORT **FILED** Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # L01000022418 1. Entity Name MIMS TREE FARM, LLC Principal Place of Business Mailing Address 100 SOUTH KENTUCKY AVENUE, SUITE 215 100 SOUTH KENTUCKY AVENUE, SUITE 215 LAKELAND, FL 33801 LAKELAND, FL 33801 03202006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0621402 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent T. MIMS CORP. DO NOT WRITE 100 SOUTH KENTUCKY AVENUE, SUITE 215 LAKELAND, FL 33801 IN THIS SPACE 8. The above named entity sut ment 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 regis SIGNATURE me of registered agent and title if applicable (NOTE, Registered Agent signature fequired when reinstaling) Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM 1ME T. MIMS CORP. NAME U000000519605 STREET ADDRESS 100 SOUTH KENTUCKY AVENUE, SUITE 215 05/02/06-80060-024 50.00 CITY-ST-78 LAKELAND, FL 33801 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY -ST-ZIP

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.

	1. Hiting Corp.
	By: (1) Dear : Man
SIGNATURE	(1) Learn in the

NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP