


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L01000022418


1. Entity Name
MIMS TREE FARM, LLC



Principal Place of Business Mailing Address

**100 SOUTH KENTUCKY AVENUE, SUITE 215
 LAKELAND, FL 33801** **100 SOUTH KENTUCKY AVENUE, SUITE 215
 LAKELAND, FL 33801**

DO NOT WRITE IN THIS SPACE



03122008 No Chg-LLC CR2E083 (12/07)

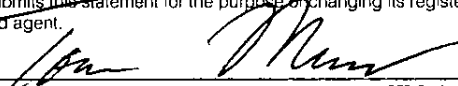
4. FEI Number 01-0621402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**T. MIMS CORP.
 100 SOUTH KENTUCKY AVENUE, SUITE 215
 LAKELAND, FL 33801**

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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:  DATE: 3-13-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

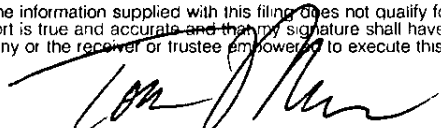
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	T. MIMS CORP.
STREET ADDRESS	100 SOUTH KENTUCKY AVENUE, SUITE 215
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000888372
 .04/08/08-80024-028 138.75

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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:  DATE: 3-13-08 Daytime Phone #: 888.683.9297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #