-2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000022419

1. Entity Name MIMS PROPERTIES, LLC



FILED Apr 27, 2005 08:00 AM Secretary of State

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

4. FEI Number 01-0621407 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6.	Name and A	ddress of Current	Registered Agent

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

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the purpose of chartions of registered agent.	nging its registered	d office or registered agent, or both, i	n the State of Florida. I am familiar with, and	accept
SIGNATURE.	Signature, typed or printed name of registered agont and tale if applicable.	(NOTE Registered	Agent signature required when reinstaling)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2005				
9. Title Name Strieet address City-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM T. MIMS CORP. 100 SOUTH KENTUCKY AVENUE, SUITE 215 LAKELAND, FL 33801			Hoggooppe	. — —
TITLE NAME STREET ADDRESS CITY+ST-ZIP			·	U00000336091 04/27/05-80112-006 50.	. 08
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TITLE					

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 eignature 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 receivery originates empowered to execute this report as required by Chapter 608, Florida Statutes.

T. Milms Cdir D.

SIGNATURE:

NAME STREET ADDRESS CITY - ST - ZIP

11-05

(863)683 - 9297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANGING MEMBER, OR AUTHORIZED REPRESENTATIVE
WILLIAM T. Mims, Pres. Managing Member

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Daytime Phone #