



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L02000030688</b><br>1. Entity Name<br><b>MIMS INVESTMENTS, LLC</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>100 SOUTH KENTUCKY AVENUE, SUITE 215<br/>LAKELAND, FL 33801</b> | Mailing Address<br><b>100 SOUTH KENTUCKY AVENUE, SUITE 215<br/>LAKELAND, FL 33801</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04192007No Chg-LLC      CR2E083 (11/05)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>02-0686834</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                               |

6. Name and Address of Current Registered Agent

**T. MIMS CORP.  
100 S. KENTUCKY AVE., STE. 215  
LAKELAND, FL 33801**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**05/11/07-80077-018 50.00**

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>T. MIMS CORP.<br/>100 S. KENTUCKY AVE., STE. 215<br/>LAKELAND, FL 33810</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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: *William T. Mims***      **William T. Mims**  
President of T. Mims Corp.  
Managing Member      **04-19-2007 (863) 683-9297**

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