


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000030690 1. Entity Name MIMS/ALAFIA, LLC	
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Principal Place of Business 100 SOUTH KENTUCKY AVE., SUITE 215 LAKELAND, FL 33801	Mailing Address 100 SOUTH KENTUCKY AVE., SUITE 215 LAKELAND, FL 33801
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-2101102	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 S. KENTUCKY AVE., STE. 215 LAKELAND, FL 33801
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IN THIS SPACE**

8. The above named entity submits this statement for filing for use 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 _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

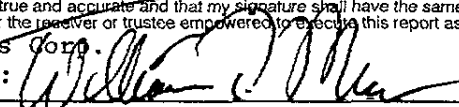
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM T. MIMS CORP. 100 S. KENTUCKY AVE., SUITE LAKELAND, FL 33801
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04/27/05-80112-001 50.00

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IN THIS SPACE**

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 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.

T. Mims Corp.
By: 
SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
William T. Mims, Pres./ Managing Member

4-11-05 (863) 683-9297
Date Daytime Phone #