## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L02000030690

1. Entity Name MIMS/ALAFIA, LLC

FILED Apr 20, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

100 SOUTH KENTUCKY AVE., SUITE 215 LAKELAND, FL 33801

100 SOUTH KENTUCKY AVE., SUITE 215 LAKELAND, FL 33801



## DO NOT WRITE IN THIS SPACE

03202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2101102

Applied For Not Applicable

5. Certificate of Status Desired

\$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

SIGNATURE:

## DO NOT WRITE 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 site if applicable.	(NOTE, Registered Agent signature required when reinstating)	9-17-86 DATE
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM T. MIMS CORP. 100 S. KENTUCKY AVE., SUITE LAKELAND, FL 33801		U00000519589 05/02/06-80060-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CRY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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.  T. Mims Corp.			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE