


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000031830 1. Entity Name MIMS HAMMOCKS, LLC	
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Principal Place of Business 100 SOUTH KENTUCKY AVENUE, SUITE 215 LAKELAND, FL 33801	Mailing Address 100 SOUTH KENTUCKY AVENUE, SUITE 215 LAKELAND, FL 33801
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04052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1859591	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent T. MIMS CORP. 100 S KENTUCKY AVE STE 215 LAKELAND, FL 33801

**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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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 STE 215 LAKELAND, FL 33801
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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.

SIGNATURE: **By: William T. Mims, Pres./Managing Member**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date **4-11-05** Daytime Phone # **(863) 683-9297**