


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000031830	
1. Entity Name MIMS HAMMOCKS, LLC	

Principal Place of Business 100 SOUTH KENTUCKY AVENUE, SUITE 215 LAKELAND, FL 33801	Mailing Address 100 SOUTH KENTUCKY AVENUE, SUITE 215 LAKELAND, FL 33801
---	---



03202006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 14-1859591	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	-----------------------------------

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent T. MIMS CORP. 100 S KENTUCKY AVE STE 215 LAKELAND, FL 33801
--

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 *William T. Mims* DATE 4-17-06
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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM T. MIMS CORP. 100 S KENTUCKY AVE STE 215 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000519592
05/02/06-80060-017 50.00

**DO NOT WRITE
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* By: William T. Mims (863) 683-9297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

William T. Mims, Pres., Managing Member