

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000047083

1. Entity Name

MINIAT-WORKS, LLC



Principal Place of Business

137 12TH STREET  
APALACHICOLA, FL 32320

Mailing Address

P.O. BOX 7  
PORT ST. JOE, FL 32457

07052006 No Chg-LLC

CR2ED83 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1208609

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

8. Name and Address of Current Registered Agent

MINIAT, STEPHEN J  
137 12TH STREET  
APALACHICOLA, FL 32320DO NOT WRITE  
IN THIS SPACE

9. 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 re-registering)

DATE

Filing Fee is \$50.00  
Due by September 6, 2006

U00000572329  
07/25/06-80026-018 55.00

## 9. MANAGING MEMBERS/MANAGERS

|                |                        |
|----------------|------------------------|
| TITLE          | MGRM                   |
| NAME           | MINIAT, STEPHEN J      |
| STREET ADDRESS | 137 12TH STREET        |
| CITY-ST-ZIP    | APALACHICOLA, FL 32320 |
| 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    |                        |

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: X

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

Date

Daytime Phone #

SIGN  
HERE