## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000027981

A HIGHER LEVEL, L.L.C.





**FILED** Jan 09, 2006 08:00 AM **Secretary of State** 

Principal Place of Business

STREET ADDRESS CITY-ST-70P

ROBERT G. BAUERSACHS, IR. 6287 BAHIA DEL MAR CIRCLE, APT. 608 ST. PETERSBURG, FL 33715

Mailing Address

ROBERT G. BAUERSACHS, JR. 6287 BAHIA DEL MAR CIRCLE, APT. 608 ST. PETERSBURG, FL 33715



01052006No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 32-0085472 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DATIEDOACHO DODEDTIC ID

| 6287 BAHIA DEL MAR CIRCLE, APT. 608<br>ST. PETERSBURG, FL 33715 |   | IN THIS SPACE  |
|---|---|--|
| 8. The above the obligat  | named entity submits this statement for the purpose of challions of registered agent.                               | nging its registered office or registered agent, or both, in the State of Florida. (am familiar with, and accept |
| SIGNATURE.  | Signature, typed or printed name of registered agent and utle if applicable.  | (NOTE. Registered Agent signature required when reinstating)  DATE   |
| ř   | iling Fee is \$50.00<br>ue by May 1, 2008   | 100000379958<br>01/10/06-80041-021 50.00   |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP                        | MANAGING MEMBERS/MANAGERS MGR BAUERSACHS, ROBERT G JR. 6287 BAHIA DEL MAR CIRCLE, APT. 608 ST. PETERSBURG, FL 33715 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>GITY-ST-ZIP                  |   | DO NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                           |   | IN THIS SPACE  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-ZIP                  |   |  |
| TITLE<br>NAME   |   |  |

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.

Robert G. Bauersachs Ir OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE