

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000042968

1. Entity Name
SKY HIGH VENTURES, LLC



Principal Place of Business
**708 9TH ST. W.
BRADENTON, FL 34205**

Mailing Address
**708 9TH ST. W.
BRADENTON, FL 34205**



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2413824

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAWKINS, JOHN D ESQ
1023 MANATEE AVE. WEST
BRADENTON, FL 34205**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
GUTHRIE, GARY S
708 9TH ST. W.
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BOGART, GARY A
708 9TH ST. W.
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
BOGART, JANICE L
708 9TH ST. W.
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
GUTHRIE, ALICE M
708 9TH ST W
BRADENTON, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

01/26/06-80016-005 \$0.00

**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 110, 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 808, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #