

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024810

Entity Name: SOARING HIGH, LLC

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

446 HIGHER COMBE DRIVE  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

5300 S SKYLINE DR  
NEW BERLIN, WI 53005

**New Mailing Address:**

FEI Number: 20-4526217

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHUBERT, GORDON H  
446 HIGHER COMBE DRIVE  
DAVENPORT, FL 33897 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHUBERT, GORDON H  
Address: 446 HIGHER COMBE DRIVE  
City-St-Zip: DAVENPORT, FL 33897

Title: MGRM ( ) Delete  
Name: SCHUBERT, GRETEL  
Address: 5300 S. SKYLINE DRIVE  
City-St-Zip: NEW BERLIN, WI 53151

Title: MGRM ( ) Delete  
Name: SCHUBERT, THOMAS E  
Address: W319 N1019 BALSAM LANE  
City-St-Zip: DELAFIELD, WI 53018

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GORDON H SCHUBERT

MGRM

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date