


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILE

2005 APR 14 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001762	
1. Entity Name THE FLY HIGH FAMILY LIMITED PARTNERSHIP NO. 6	

Principal Place of Business 1835 S OCEAN BLVD., #A DELRAY BEACH FL 33481	Mailing Address 1835 S OCEAN BLVD., #A DELRAY BEACH FL 33481
--	--



1ST MOORE CR2E003 (10/04)

2. Principal Place of Business PO Box 811236	3. Mailing Address PO Box 811236
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boca Raton FL	City & State Boca Raton FL	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33481	Country U.S.	Zip 33481	Country U.S.

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent LLOYD, DONALD S 1835 S OCEAN BLVD., #A DELRAY BEACH FL 33481	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	---

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.	11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
---	--

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	LLOYD, JOSHUA S
NAME	6818 PORTSIDE DRIVE
STREET ADDRESS	BOCA RATON FL 33496
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	1835 S. Ocean Blvd # A
CITY-ST-ZIP	Delray Beach FL 33483
STREET ADDRESS	900054010149
CITY-ST-ZIP	05/06/05-01057-003 **150.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Joshua S Lloyd 4-1-05 561-445-1840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE