


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 12, 2008**

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



**FILED**  
08 JUL 18 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1371 SW 12TH AVE  
POMPANO BEACH, FL 33069**

Mailing Address  
**3445 STRATFORD RD NE  
# 3703  
ATLANTA, GA 30326**



**DO NOT WRITE IN THIS SPACE**

07102008 No Chg-LP      CR2E003 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GREENBERG, DAVID S  
1371 SW 12TH AVE  
POMPANO BEACH, FL 33069**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$900.00  
On or after September 12, 2008, Fee will be \$1000.00**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	LLOYD, JOSHUA S 1835 S OCEAN BLVD., #A DELRAY BEACH, FL 33483
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	LLOYD, ROBIN S 3445 STRATFORD RD NE - # 3703 ATLANTA, GA 30326
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*05/16/08-01045-015-#508.75*

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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Robin Lloyd* **Robin Lloyd** *7/10/08* *561-445-1840*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #