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

STAPLE CHECK HERE

SIGNATURE: _

DOCUI	MENT # A0400000175	8		FILE				
THE FLY HIGH FAMILY LIMITED PARTNERSHIP NO. 2					2005 APR 14 PM 1: 06			
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
•					TAIL AHASSEE, FLURIDA			
1835 S OCEAN BLVD., #A DELRAY BEACH FL 33481 DELRAY BEACH FL 33481 DELRAY BEACH FL 33481					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			,					
						. 311 1/ 31 11/ 8 811/ 8 8 11/ 51 1/ 38 18/ 1 8 1/ 1 818/ £ 118/ 181/		
2. Principal Place of Business 3. Mailing Address				11 2/				
10 Box 811236 POBOX				11236		ı BISIN BETIN AĞINI BETIN BETIN BETIN 1886 1886 I BILDI TETIBIN	B) (54)	
Suite, Apt. #, etc. Suite, Apt. #, etc.					1ST MOO	RE CR2E003 (10/04)		
City & State					4. FEI Number	Applie	ed For	
Bora Katon 12 Bora Rut				n FZ	4. (C) (dillo)	<u> </u>	pplicable	
D ^{Zjg} (. /	Country	72481	Coun	try	5. Certificate of Statu	\$8.75 Additio	nal	
3548	1 4.5,	33481		'n.ς.	s. Certificate of Statt	Fee Required		
	6. Name and Address of Current R	egistered Agent			7. Name and Addres	s of New Registered Agent		
				Name				
LLOYD, DONALD S 1835 S OCEAN BLVD., #A DELRAY BEACH FL 33481				Street Address (P.O. Box Number is Not Acceptable)				
DLL	INTERCITIE 35401						İ	
				City		Zip Code		
				<u> </u>		FL Zip Code		
 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. 								
			44 Ell E MOWILL Due by Mou. 4 2000	.				
SIGNATURE	Signaltye, typed or printed name of registered agent ar	rd title if applicable		DATE		11. FILE NOW!!! Due by May 1, 2009 See Block 11 instructions for fee		
9. Capital Co	ntributions	10. Amount of Capita			COO BIOLE IT HERITAGE TO 100			
as Shown on record. \$1,000.00 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 f 12. GENERAL PARTNER INFORMATION				; an amendmen		hange a general partner. DRESS CHANGES ONLY		
DOCUMENT #	GENERAL PARTINER	INFORMATION	13,		AL AL	DRESS CHANGES ONLY		
NAME.	LLOYD, JOSHUA S			ET ADDRESS \ \ Q	36 < 01	can Blud # 1	1 1	
STREET ADDRESS	6818 PORTSIDE DRIVE							
CITY-ST-ZIP	BOCA RATON FL 33496			De ray Beach Fr 33483				
DOCUMENT #				DATE OF THE PROPERTY OF THE PR				
NAME	15			STREET ADDRESS				
STREET ADDRESS			rity	-SI-ZIP	EOOG	54009106		
CITY-ST-ZIP	CITY-ST-ZIP				05/06/05	05/06/0501057001 **150.00		
DOCUMENT #			STRE	ET ADDRESS			-	
NAME STREET ADDRESS	-	-		_ —				
CITY-ST-ZIP			CITY	-ST-ZIP			1	
DOCUMENT #			╅┈					
NAME			STRE	ET ADDRESS				
STREET ADDRESS			01711	01.7m				
CITY-ST-ZIP			CITY	-ST-ZIP			ļ	
DOCUMENT #			CIPI	TI ADDRESS				
NAME		•	2146	EET ADDRESS				
STREET ADDRESS			CITY	-ST-ZIP			1	
CITY-ST-ZIP			-					
DOCUMENT #			STRE	EET ADDRESS			j	
NAME STREET ADDRESS		•	·	ļ				
CITY-ST-ZIF			CITY	-ST-ZIP				
	Learnify that the information supplied with	this filling does not qualify for	the evo	mption stated in So	ction 119 07/3\/ii\ Flori	da Statutos I further certify that the infer	rmation	
14. I hereby certify that the information supplied with this filling 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.								