

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

FILED

2005 APR 14 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001759		
1. Entity Name THE FLY HIGH FAMILY LIMITED PARTNERSHIP NO.3		
Principal Place of Business 1835 S OCEAN BLVD., #A DELRAY BEACH FL 33481	Mailing Address 1835 S OCEAN BLVD., #A DELRAY BEACH FL 33481	
2. Principal Place of Business P.O. Box 811236 Suite, Apt. #, etc.	3. Mailing Address PO Box 811236 Suite, Apt. #, etc.	



1ST MOORE CR2E003 (10/04)

City & State Boca Raton FL	City & State Boca Raton FL	4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
Zip 33481	Country US	Zip 33481	Country U.S.
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

LLOYD, DONALD S
1835 S OCEAN BLVD., #A
DELRAY BEACH FL 33481

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	LLOYD, JOSHUA S	STREET ADDRESS	1835 S. Ocean Blvd #A
NAME	6818 PORTSIDE DRIVE	CITY-ST-ZIP	Delray Beach FL 33483
STREET ADDRESS	BOCA RATON FL 33496	STREET ADDRESS	300054010363
CITY-ST-ZIP		CITY-ST-ZIP	05/06/05--01057--005 **150.00
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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 Lloyd 4-7-05 561-445-1846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #