

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A04000001759

1. Entity Name
THE FLY HIGH FAMILY LIMITED PARTNERSHIP NO.3



Principal Place of Business
**1371 S.W. 12TH AVENUE
POMPAHO BEACH, FL 33069**

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

FILED

08 JUL 18 PM 2:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



07102008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GREENBERG, DAVID
1371 S.W. 12TH AVENUE
POMPAHO 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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

**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	LLOYD, JOSHUA S
STREET ADDRESS	1835 S OCEAN BLVD., #A
CITY-ST-ZIP	DELRAY BEACH, FL 33481
DOCUMENT #	
NAME	LLOYD, ROBIN
STREET ADDRESS	3445 STRATFORD ROD NE #3703
CITY-ST-ZIP	ATLANTA, GA 30326
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05/16/08-01045-016- \$508.75

**DO NOT WRITE
IN THIS SPACE**

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 #

STAPLE CHECK HERE