

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

DOCUMENT # A04000001761

1. Entity Name

THE FLY HIGH FAMILY LIMITED PARTNERSHIP NO. 5



FILL

2005 APR 14 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PO Box 811236

3. Mailing Address

PO Box 811236

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1ST MOORE

CR2E003 (10/04)

City & State

Boca Raton FL

City & State

Boca Raton FL

4. Filing Number

Applied For

Not Applicable

Zip

33481

Country

U.S.

Zip

33481

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

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 #
NAME LLOYD, JOSHUA S
STREET ADDRESS 6818 PORTSIDE DRIVE
CITY-ST-ZIP BOCA RATON FL 33496

STREET ADDRESS

1835 S. Ocean Blvd #A
DeLray Beach FL 33483

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 Lloyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-1-05 561-445-1840

Date

Daytime Phone #

STAPLE CHECK HERE