

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

**DOCUMENT # A04000001761**

1. Entity Name  
**THE FLY HIGH FAMILY LIMITED PARTNERSHIP NO. 5**



Principal Place of Business  
**1371 SW 12TH AVE  
 POMPASS 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 <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**GREENBERG, DAVID  
 1371 SW 12TH AVE  
 POMPASS 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 33483
DOCUMENT #	
NAME	LLOYD, ROBIN
STREET ADDRESS	3445 STRATFORD RD 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	

**05/16/08-01045-018-#508.75**

**DO NOT WRITE  
 IN THIS SPACE**

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**

**561-445-8740**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #