


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

<b>DOCUMENT # A04000001763</b> 1. Entity Name <b>THE FLY HIGH FAMILY LIMITED PARTNERSHIP NO. 7</b>	
--	---

FIL  
 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
--	--



1ST MOORE CR2E003 (10/04)

2. Principal Place of Business <i>PO Box 811236</i>	3. Mailing Address <i>PO Box 811236</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Boca Raton FL</i>	City & State <i>Boca Raton FL</i>
Zip <i>33481</i>	Country <i>U.S.</i>

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
---------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
--

6. Name and Address of Current Registered Agent	
LLOYD, DONALD S 1835 S OCEAN BLVD., #A DELRAY BEACH FL 33481	

7. Name and Address of New Registered Agent	
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. <b>\$1,000.00</b>	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 #	NAME	STREET ADDRESS	1835 S. Ocean Blvd # A
	STREET ADDRESS		
	CITY - ST - ZIP		Delray Beach FL 33483
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY - ST - ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY - ST - ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY - ST - ZIP		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY - ST - ZIP		

200054010112  
 05/06/05--01057--002 \*\*150.00

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* 4-1-05 *561-445-1846*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE