2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

THE FLY HIGH FAMILY LIMITED PARTNERSHIP NO. 7 Maring Address Political Place of Business	DOCÚMENT # A0400001763 1. Éntity Name					FILED		
BOCA RATON FL 33481 2. ***Principal Place of Blushess** 3. **Making Address** Suite. Apt. 4. etc. City & State	THE FLY HIGH FAMILY LIMITED PARTNERSHIP NO. 7							
BOCA RATON FL 33481 2. ***Principal Place of Blushess** 3. **Making Address** Suite. Apt. 4. etc. City & State	Principal Place of Business Mailing Address					- SECRETARY OF STA	ME.	
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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 33-401— City City FL City FL 20-20-6-3 3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, appears yenter name at registered agent for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida Department of State. 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 filled to change a general partner. 12.	City & State City & State					NO-T APPLICABLE	Not Applicable	
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LLOYD, DONALD S 1835 S OCEAN BLVD., #A DELRAY BEACH FL 33491 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! Fee is \$500. ** After May 1, 2005, fee will be \$900. ** Make check payable to Florida Department of State. 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 CRY-ST-RP COOLURAL / MAY DOCUMENT / NAME STREET ADDRESS CRY-ST-RP COOLURAL / MAY STREET ADDRESS CRY-ST-RP CRY-ST-RP	6. Name and Address of Current Registered Agent				Nama	7. Name and Address of New Registered A	gent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE SOUTH STATE SOUTH ST	1835 S OCEAN BLVD., #A							
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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	CITY-ST-ZIP	certify that the information supplied with	th this filing does not qualify.			ed in Chapter 119. Florida Statutes 1 further ce	tify that the information	