


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

DOCUMENT # A04000001764	
1. Entity Name THE FLY HIGH FAMILY LIMITED PARTNERSHIP NO. 8	

Principal Place of Business 1835 S OCEAN BLVD., #A DELRAY BEACH FL 33481	Mailing Address 1835 S OCEAN BLVD., #A DELRAY BEACH FL 33481
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2. Principal Place of Business PO Box 811236 Suite, Apt. #, etc.	3. Mailing Address PO Box 811236 Suite, Apt. #, etc.
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City & State Boca Raton FL Zip 33481 Country US	City & State Boca Raton FL Zip 33481 Country U.S.
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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
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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.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	LLOYD, JOSHUA S	STREET ADDRESS	1835 S. Ocean Blvd #A
NAME	6818 PORTSIDE DRIVE	CITY-ST-ZIP	Delray Beach FL 33483
STREET ADDRESS	BOCA RATON FL 33496		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900054010489
STREET ADDRESS			05/06/05--01057--007 **150.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 4-1-05 561-445-1840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
2005 APR 14 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

STAPLE CHECK HERE