2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 6, 2006

Due By September 6, 2006			FILED
DOCUMENT # A0200000  1. Entity Name AIM HOLDINGS, LTD.	1238		SECRETARY OF STATE DIVISION OF CORPORATIONS  06 SEP 11 AM 10: 42
Principal Place of Business C/O ANTHONY AVIATION 1401 NORTHEAST TENTH STREET POMPANO BEACH, FL 33060-6517	Mailing Address C/O ANTHONY AVIATION 1401 NORTHEAST TENTH POMPANO BEACH, FL 33		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		07052006 Chg-LP CR2E003 (11/05)
City & State	City & State		4. FEI Number Applied Foi 56-2293213 Not Applied
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
ELGIDELY, ROBERT F 1401 NE 10TH STREET POMPANO BEACH, FL 33060		Street Address 14 Ct  City Pom	chard S. Fenchak JR s (P.O. Box Number is Not Acceptable) NE 10 St.  Zip Code 30060
The above named entity submits this statement the obligations of registered agent.	or the purpose of changing its re	gistered office or registe	inpano ISeach FL 33060 eled agent, or both, in the State of Florida. I am familiar with, and according
	· 		
SIGNATURE Sonature, typed or brinled name of registered ager	at and title if applicable.		DATE
FILE NOW!!! FEE Due by Septembe	r 6, 2006		In accordance with s. 607.193(2)(b), F.S. the limited partnership did not receive the prior notice.
A GENERAL PARTNER NOTE: General Partners M	AY NOT be changed on the	ITY MUST BE REGIS form; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ant must be filed to change a general partner.
12. GENERAL PARTNE	ER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # LO2000023913  NAME AIMH, LLC		STREET ADDRESS	
STREET ADDRESS 1401 NORTHEAST TENTH STE CITY-ST-ZIP POMPANO BEACH, FL 330606		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	300079874873 09/15/0601039022 **500 00
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
14. I hereby certify that the information supplied windicated on this report is true and accurate an or the receiver or trustee empowered to executive supplied to the supplie	ith this timg does not quality for differ my signature shall have the shirls report as required by char	the exemptions contain same legal effect as if oter 620, Florida Statutes	ned in Chapter 119, Florida Statutes. I further certify that the information f made under oath; that I am a General Partner of the limited partnersh s
SIGNATURE: SUBSTITUTE AND TYPED OR SHOWTED NAME OF SIGNANG GENERAL PARTNER Date Destine Phone #			