## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

UN	IFOR	M BUSI	NES	S REPOR	3Ţ (t	JBR)	_			,	45
DOCUMENT # A0200001238  1. Entity Name AIM HOLDINGS, LTD.								F1L 2003 JUL - 8	ED PM 4:	07	ΑŢ
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 STREET POMPANO BEACH FL 33060-6517			DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA				
2. Principal Place of Business				3. Mailing Address				614 86118 11811 <b>8</b> 8114 881	601    53    601  		{{
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State				City & State			4. FEI Number			Applied Fo	
Zip	Zip Country			Zip Count		try	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
ANTHONY, RAY G  1351-SEMINOLE DRIVE  FT. LAUDERDALE FL 33304						Name Robert F. Elgidely  Street Address (P.O. Box Number is Not Acceptable)					
the obligat	ions of regist	R.F.L	bece	purpose of changing i	its registere		PANO & ed agent, or both	each in the State of Flo	FL rida. I am fan 126   26	Zip Code 33060 niliar with, and acc	
9. Capital Contributions \$9,901.00 10. Amount of Capital C						outions	<del></del> ,	11. MAKE CHEC	DATE ( PAYABLE TO	FL. DEPT. OF STA	ATE
as Shown on record. in FLORIDA to date											
				OT be changed on						er.	
12.	L02000023	GENERAL PA	RTNER INF	ORMATION	13.	- <u>-</u> -		ADDRESS CHA	NGES ONLY		<sub>&amp;</sub>
DOCUMENT # NAME	AIMH, LLC					TREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		THEAST TENTH			CITY	-ST-ZIP					CR2E003 (10/02)
DOCUMENT # NAME STREET ADDRESS					STRE	ET ADDRESS			2952 017	10 **69.30	CR
CITY-ST-ZIP				<u> </u>	CITY	-ST-ZIP					
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CITY-ST-ZIP					СІТҮ-	-ST-ZIP				_ \	4
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STREET ADDRESS CITY-ST-ZIP *:					CITY-	ST-ZIP	· <u> </u>		<del></del>		
DOCUMENT #				-	STREE	ET ADDRESS					-
STREET ADDRESS CITY-ST-ZIP		· 			CITY-	-ST-ZIP		. <u> </u>			
14. I hereby certify that the information supplied with the information supplied with the information indicated on this report is true and accurate and that my sign store shall lave 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 excutating report a require the properties of the											
SIGNATURE:    SIGNATURE   SIGNATURE AND TYPED OBLINITED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Priorie #											