

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 SEP 11 AM 10:42

<b>DOCUMENT # A02000001258</b>	
1. Entity Name ANTHONY IRON AND METAL COMPANY, LTD.	



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
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06302006 Chg-LP CR2E003 (11/05)

4. FEI Number 25-1193565	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
ELGIDELY, ROBERT F 1401 NE 10TH STREET POMPANO BEACH, FL 33060	

7. Name and Address of New Registered Agent	
Name <u>Richard S. Ferchak JR</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1401 NE 10 St.</u>	
City <u>Pompano Beach</u>	FL Zip Code <u>33060</u>

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 <u>[Signature]</u>	DATE _____

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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	
DOCUMENT #	A02000001238
NAME	AIM HOLDINGS, LTD.
STREET ADDRESS	1401 NORTHEAST TENTH STREET
CITY - ST - ZIP	POMPANO BEACH, FL 330606517
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

900079874819  
 09/15/06--01039--020 \*\*500.00

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: <u>[Signature]</u>	DATE _____	Daytime Phone # _____
-------------------------------	------------	-----------------------

STAPLE CHECK HERE