FILED

Daytime Phone #

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0200001258

1. Entity Name
ANTHONY IRON AND METAL COMPANY, LTD.

STAPLE CHECK HERE

SIGNATURE:

						2003 JUL - 8	3 PM 4:04
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				ORPORATIONS EE, FLORIDA
2 POMPANO BEA	ACH FL 3306	0-6517	POMPANO BEACH FL	. 33060-6517			
2. Principal P	ace of Busin	ness	3. Mailing Address]
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State	e ·		City & State	City & State		4. FEI Number	Applied For Not Applicable
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name	and Address of Curre	nt Registered Agent			7. Name and Address of New Ro	egistered Agent
ANTHONY, RAY G					-Name Robert F. Elgidely		
1351-SEMINOLE DRIVE					Street Address	(PO Pox Number is Not Acceptable))— /
FT. LAUDERDALE FL 33304						NE 10th St.	·
					City Po	MARNO BEACH	FL Zip Code 33060
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 Signature, typed or printed name of registered agent and tille if applicable.							
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION							
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 #	A02000001238				ET ADDRESS		
NAME Street address	AIM HOLDINGS, LTD. ADDRESS 1401 NORTHEAST TENTH STREET						
CITY-ST-ZIP		BEACH FL 33060-6		CITY	-ST-ZIP		
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14. I hereby certify that the information supplied with this filling dose for quality 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 state as regarded by Chapter 320, Florida Statutes							