

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90031 003 ****50.00

DOCUMENT # L02000023913

1. Entity Name
AIMH, LLC



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

40104033



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052006

Chg-LLC

CR2E083 (11/05)

4. FEI Number
52-2377969

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELGIDELY, ROBERT F
1401 NORTHEAST TENTH STREET
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name Richard S. Ferchak Jr
Street Address (P.O. Box Number is Not Acceptable)
1401 NE 10 St.
City Pompano Beach FL 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]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS ANTHONY, RAY G
CITY - ST - ZIP 1357 SEMINOLE DRIVE
FT. LAUDERDALE, FL 33304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #