


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000004309

1. Entity Name
AAT SERVICES, LLC



Principal Place of Business 401 FOUNTAIN LAKES BLVD. ST. CHARLES, MO 63301	Mailing Address 401 FOUNTAIN LAKES BLVD. ST. CHARLES, MO 63301
--	--

DO NOT WRITE IN THIS SPACE



03262007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3171007	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTIN, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 *by: Lisa Reeves* **Lisa Reeves, Assistant Secretary** 3/26/07
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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM AEA INVESTMENTS, LLC 401 FOUNTAIN LAKES BLVD. ST. CHARLES, MO 63301
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ALL AMERICAN TITLE AGENCY, INC. 401 FOUNTAIN LAKES BLVD. ST. CHARLES, MO 63301
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000685724
04/09/07-80017-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **03-27-07 (636)925-8640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #