


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000004309 1. Entity Name AAT SERVICES, LLC	
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Principal Place of Business 401 FOUNTAIN LAKES BLVD. ST. CHARLES, MO 63301	Mailing Address 401 FOUNTAIN LAKES BLVD. ST. CHARLES, MO 63301
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DO NOT WRITE IN THIS SPACE



02202006 No 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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	
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02/25/06-80008-002 50.00

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: *Lee Baumgart* as manager of AEA Investments 2/20/06 636-734-0399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

member of AAT services, LLC