

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001908

Entity Name: AAT ACQUISITION LLC

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

5900 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5900 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-4543966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SBA SENIOR FINANCE I, I LLC
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: CEO () Delete
Name: STOOPS, JEFFREY A
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: S/GC () Delete
Name: HUNT, THOMAS P
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: VP/T () Delete
Name: KLINE, PAMELA J
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: COO () Delete
Name: BAGWELL, KURT
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: CFO () Delete
Name: MACAIONE, ANTHONY J
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS P. HUNT

S/GC

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date