Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

REGISTERED AGENT CHANGE

AAT ACQUISITION LLC

Certificate of Status	0
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A. LUNT SUN 27 2008 EXAMINER

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Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: AAT ACQUIS	sition LLC
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 5900 BROKEN SOUND PARKWAY NW BOCA HALON FL 33487
(b) Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)	
04/03/2006	M06000001908
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept of States
Registered Agent:	CT CORPORATION SYSTEM
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 U.S. 6
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	To T
NEW Registered Agent:	Corporate Creations Networking.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Paim Beach Gardens ,FL 33410
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized hisbility company or as otherwise provided in the articles o limited liability company.	at address of the registered office and the business asc of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member of authorized representative of a member)	-
Angela E. Howard On behalf of "Thomas P. Hunt, Senior VP" (Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect to confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to sper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00