LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2002 8:00 am Secretary of State

05-22-2002 90232 012 ****50.00

DUUUUU

																						Ĺ		

 2. Principal Place of Business
 3. Mailing Address

 7740 S.W. Camino Real
 9010 S.W. 137 Ave.

 Suite, Apt. #, etc.
 Suite, Apt. #, etc.

 Suite 302 G
 Suite 113

 City & State
 City & State

 MIAMI FL.
 MIAMI, FL.

 Zip
 Country

DO NOT WRITE IN THIS SPACE

65-1159336

7. Name and Address of Current Registered Agent

Applied For Not Applicable

Country US

DOCUMENT # L01000021791

1. Entity Name

33143

AT HOME L.L.C.

33186

5. Certificate of Status Desired

4. FEI Number

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MAURICIO CERTAIN

Street Address (P.O. Box Number is Not Acceptable)
7740 SW Camino Real

302-G

Miami

FL

Zip Code 3 3 1 4 3

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.

*SIGNATURE Signature, typed or printed name of pegistered agent

Mauricio Certain

4/26/02

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9.	MANAGING MEMBERS/MANAGERS	I	
TITLE M		nni	
NAME MAUR	RICIO CERTAIN	NAME	
STREET ADDRESS 7740	SW Camino Real # 302-G	STREET ADDRESS	
CITY-ST-ZIP Mian	i, Fl., 33143	CITY-ST-ZIP	
TITLE M		TITLE	
	IEL ROSADO	NAME	
STREET ADDRESS 7740	SW Camino Real # 302-G	STREET ADDRESS City-St-Zip	
CITY-ST-ZIP Mian	ni-, -F1-,33143		
TITLE	•	HILE	
NAME		MAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE
	<u> </u>	DRF	
TITLE		NAME	IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CRY-ST-ZIP	
TITLE		IIILE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Vestel Praos

4/26/02