

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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

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

DOCUMENT # L01000021791

1. Entity Name

AT HOME L.L.C.

J U U U U U

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7740 S.W. Camino Real Suite, Apt. #, etc. Suite 302-G City & State MIAMI FL. Zip 33143 Country US		3. Mailing Address 9010 S.W. 137 Ave. Suite, Apt. #, etc. Suite 113 City & State MIAMI, FL. Zip 33186 Country US	
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4. FEI Number 65-1159336	Applied For <input type="checkbox"/> Not Applicable
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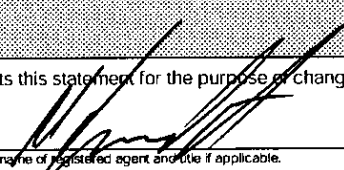
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name	MAURICIO CERTAIN		
Street Address (P.O. Box Number is Not Acceptable)	7740 SW Camino Real		
	302-G		
City	Miami	FL	Zip Code 33143

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		Mauricio Certain	4/26/02
<small>Signature, typed or printed name of registered agent and title if applicable.</small>			<small>DATE</small>

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MAURICIO CERTAIN 7740 SW Camino Real # 302-G Miami, Fl., 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LAONEL ROSADO 7740 SW Camino Real # 302-G Miami, Fl., 33143
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**DO NOT WRITE
IN THIS SPACE**

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

4/26/02