

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90095 024 ****50.00

0022951

DOCUMENT # L01000021791

1. Entity Name
AT HOME, L.L.C.



Principal Place of Business Mailing Address

**7740 S.W. CAMINO REAL STE. NO. 302-G
MIAMI FL 33143**

**9010 SW 137 AVE
STE 113
MIAMI FL 33186**

2. Principal Place of Business **8281 SW 165 TER.**

3. Mailing Address **8281 SW 165 TER.**


Suite, Apt. #, etc.

City & State **MIAMI . FLA.**

City & State **MIAMI . FLA.**

Zip **33157** Country **USA**

Zip **33157** Country **USA.**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1159336**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CERTAIN, MAURICIO
7740 S.W. CAMINO REAL, STE. NO. 302-G
MIAMI FL 33143**

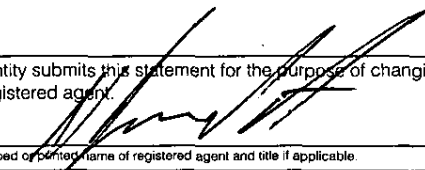
7. Name and Address of New Registered Agent

Name **CERTAIN MAURICIO**

Street Address (P.O. Box Number is Not Acceptable)
13728-1 SW 149 CR. LN

City **MIAMI** Zip Code **FL 33186**

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  DATE **04-23-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CERTAIN, MAURICIO 7740 SW CAMINO REAL #302G MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSADO, LAONEL 7740 SW CAMINO REAL #302G MIAMI FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CERTAIN MAURICIO 13728-1 SW 149 CR. LN MIAMI FLA. 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSADO LEONEL 8281 SW 165 TER MIAMI FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **04-23-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083 (10/02)