

# 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

**DOCUMENT # L01000021791**

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



Principal Place of Business <b>7740 S.W. CAMINO REAL STE. NO. 302-G MIAMI FL 33143</b>	Mailing Address <b>9010 SW 137 AVE STE 113 MIAMI FL 33186</b>
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2. Principal Place of Business <b>8281 SW 165 TER.</b>	3. Mailing Address <b>8281 SW 165 TER.</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>MIAMI . FLA.</b>	City & State <b>MIAMI . FLA.</b>
Zip <b>33157</b>	Zip <b>33157</b>
Country <b>USA</b>	Country <b>USA.</b>



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-1159336</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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** FL Zip Code **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 *[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	<b>MGR CERTAIN, MAURICIO 7740 SW CAMINO REAL #302G MIAMI FL 33143</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ROSADO, LAONEL 7740 SW CAMINO REAL #302G MIAMI FL 33166</b> <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	<b>MGR CERTAIN MAURICIO 13728-1 SW 149 CR. LN MIAMI FLA. 33186</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ROSADO LEONEL 8281 SW 165 TER MIAMI FL 33157</b> <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: *[Signature]* DATE **04-23-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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CR2E083 (10/02)