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FILED
Sep 04, 2002 8:00 am
Secretary of State

02-24-2002 90007 008 ****50.00
07-17-2002 90139 046 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022526

1. Entity Name
AMS LONGHORN, L.L.C.

Principal Place of Business Mailing Address
12200 SW 117TH AVE 12200 SW 117TH AVE
MIAMI FL 33186 MIAMI FL 33186

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

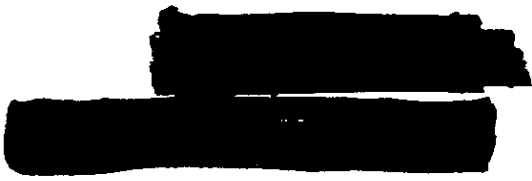
City & State City & State

Zip Country Zip Country

4. FEI Number **37-419695** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent
ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE
SUITE 125
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
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 Department of State
Due By September 25, 2002.

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	NUNEZ, MICHAEL A	12200 SW 117TH AVE	MIAMI FL 33186	<input type="checkbox"/>
MGR	NUNEZ, RAUL L	12200 SW 117TH AVE	MIAMI FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/12/02

CRE083 (4/02)