

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # B94000000297**

1. Entity Name

**WORLD OMNI LEASE SECURITIZATION L.P., LIMITED PARTNERSHIP**

Principal Place of Business

Mailing Address

C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON DE 19801

111 N.W. 12TH AVE.  
JMFDF018  
DEERFIELD BEACH FL 33442

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

**63-1120743**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**DUE BY MAY 1, 2002**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

**\$44,536,270.56**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

| DOCUMENT #   | NAME                                | STREET ADDRESS       | CITY-ST-ZIP     |
|--------------|-------------------------------------|----------------------|-----------------|
| M98000001144 | WORLD OMNI LEASE SECURITIZATION LLC | 6150 OMNI PARK DRIVE | MOBILE AL 36609 |
|              |                                     |                      |                 |
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| STREET ADDRESS | CITY-ST-ZIP |
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**BK**

CR2E003 (9/01)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *John S. Whitman*  
By: *WORLD OMNI LEASE SECURITIZATION LLC, ITS GENERAL PARTNER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *JOHN S. WHITMAN, SECRETARY 401/29/02 454-4204617*

**FILED**  
**02 APR 30 PM 12:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

