


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		RECEIVED DIVISION OF CORPORATIONS MOBILE AL 36609 OCT 15 1998	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee			
Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M98000001145		1a. Principal Place of Business Address	
AUTO LEASE FINANCE LLC 6150 OMNI PARK DRIVE MOBILE AL 36609				6150 OMNI PARK DRIVE MOBILE AL 36609	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		100 NW 12th Avenue		10/07/1998	
City & State		City & State		3a. State of Formation	
Deerfield Beach, FL		Deerfield Beach, FL		DE	
Zip		Country		4. FEI Number	
33442				65-0439943	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code		
			FL <i>mjs</i>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
<small>(Registered Agent Accepting Appointment) (NOTE: This Signed Agent signature required when reconstituting)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	WORLD OMNI FINANCIAL, WORLD OMNI FINANCIAL CORP	100 N.W. 12TH AVENUE		DEERFIELD BEACH FL 33442	
600002794606-4 -03/04/99--01065--019 ****188.75 ****188.75					

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *John J. Whelan* John J. Whelan, Secretary 2-19-99 954 429-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER