

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 17 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0014989 AF

DOCUMENT # M99000000585

1. Entity Name
WORLD OMNI AUTO RECEIVABLES LLC

Principal Place of Business: 6150 OMNI PARK DRIVE, MOBILE AL 36609
Mailing Address: 6150 OMNI PARK DRIVE, MOBILE AL 36609-5195

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

City & State: _____
City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____



DO NOT WRITE IN THIS SPACE

MNM

4. FEI Number: **52-2184798**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: WORLD OMNI RECEIVABLES CORP STREET ADDRESS: 100 NW 12TH AVE CITY-ST-ZIP: DEERFIELD BEACH FL 33442 <input checked="" type="checkbox"/> Delete		TITLE: MGRM NAME: WORLD OMNI FINANCIAL CORP STREET ADDRESS: 100 NW 12TH AVENUE CITY-ST-ZIP: DEERFIELD BEACH FL 33442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.

WORLD OMNI AUTO RECEIVABLES LLC
By: **WORLD OMNI FINANCIAL CORP** as managing member
SIGNATURE: *[Signature]* Date: **4/13/00** Daytime Phone #: **954-429-2000**

SECRETARY

CR2E083 (9/99)