

2001 UNIFORM BUSINESS REPORT (UBR)

UBR 3/1/00
AR

DOCUMENT # M99000001100
1. Entity Name
 WODFI LLC

FILED

01 APR -4 AM 7:59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 100 NW 12TH AVE
 DEERFIELD BEACH FL 33442

Mailing Address
 100 NW 12TH AVE
 DEERFIELD BEACH FL 33442



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 111 NW 12th Avenue
 Suite, Apt. #, etc.
 Legal Dept. JMDF018
 City & State
 Deerfield Beach, FL
 Zip
 33442
 Country
 USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CT-CORPORATION-SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

4. FEI Number
 65-0934017
APPLIED FOR
 Applied For
 Not Applicable

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

200003995652--7
 -04/12/01--01127--013
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM	WORLD OMNI FINANCIAL CORP	100 NW 12TH AVE DEERFIELD BEACH FL 33442	<input type="checkbox"/>
				<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	<input type="checkbox"/> Change	<input type="checkbox"/> 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John S. Whelan* **SECRETARY** *03/07/01* *954-420-4617*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)