DOCUMENT # * · B9700000686  1. Entity Name  WORLD OMNI AUTO LEASING L.P.					FILED
					2002 APR 30 PM 4: 10
Principal Place of Business 6150 OMNI PARK DR MOBILE AL 36609		Mailing Address 111 NW 12TH AVE LEGAL DEPT JMFDF01 DEERFIELD BEACH FL			DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA
2. Principal Place of Business 3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002
City & State		City & State	City & State		4. FEI Number 65-0800014 Applied For Not Applicable
Zip Country		Zip	Zip Coul		5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Co	irrent Registered Agent			7. Name and Address of New Registered Agent
C T CODDODATION SYSTEM				Name	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
The above	named entity submits this stated	ent for the nurrose of changing	its register	ed office or regis	stered agent, or both, in the State of Florida.
SIGNATURE _	Signature, typed or printed name of registere	d agent and title if applicable.		<del>11.111</del>	DATE
9. Capital Cor as Shown o		10. Amount of Ca in FLORIDA to	pital Contri	butions 7.873	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTA	IER THAT IS A BUSINESS I	ENTITY N	IUST BE REG	ISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.
2.		RTNER INFORMATION	13.	i, an amenum	ADDRESS CHANGES ONLY
OCUMENT #  AME  TREET ADDRESS  ITY-ST-ZIP	M98000001147 WORLD OMNI AUTO LEASING LLC 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442			EET ADDRESS ST-ZIP	
OCUMENT#	DEEM IEED BENOTTE OO	<del></del>	STRI	EET ADDRESS	
AME Treet address ITY-ST-ZIP				-ST-ZIP	0000055970701
OCUMENT #			STRE	EET ADDRESS	<del>-05/22/0201025010</del> ***2276.25 *****526.25
TREET ADDRESS ITY-ST-ZIP		e e e e e e e e e e e e e e e e e e e	CITY	-ST-ZIP -	
OCUMENT # AME			STRE	EET ADDRESS	17 45ab. 46
TREET ADDRESS ITY-ST-ZIP			CiTY	-ST-ZIP	
OCUMENT / AME			STRE	ET ADDRESS	
TREET ADDRESS ITY-ST-ZIP			CITY	-ST-ZiP	
OCUMENT #  AME  TREET ADDRESS			STRE	ET ADDRESS	
TY-ST-ZIP				-ST-ZIP	
the receive	on this report is true and accurat	e and that my signature shall have ute this report as required by Cha	e the same	e legal effect as i Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information of made under oath; that I am a General Partner of the limited partnership of