2003 LIMITED PARTNERSHIP

STAPLE CHECK HERE

UNIFORM BUSINESS REPORT (UBR)										
DOCUMENT # B9800000688 1. Entity Name						FILED				₹
WÓRLD	omni aut	O LEASING II L'P.				03 APR	30 AN 5:3	16 TE		
Principal Place of Business Mailing Address 6150 OMNI PARK DR. 100 NW 12TH AVE MOBILE AL 36609 LEGAL DEPT JMFDF018						SECRE TALLA	TARY OF STA LASSEE FLOR	lioa	Hig	
MOBILE AL 36			DEERFIELD BEACH FL 33442							
2. Principal Place of Business 3. Mailing Address 100 J M M					AN BLUD			1 94 111 24 111 34 1		#I
Suite, Apt. #, etc.			LEGAL DEPT JMFDF018			1 1				
City & Stat	e 		DEEDFIELD BEACH			FEI Numbe	58-2429528		Applied For Not Applica	
Zip		Country	33442	Cour 	ISA		of Status Desired	□ Fe	8.75 Additional ee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM										
1200 SOUTH PINE ISLAND ROAD					Street Address (is Not Acceptable)			
PLANTATION FL 33324						04/30,	/0:0173 - '0301007	1555 -006 *	%∃ % 526.25	
	·				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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date 41.045.000 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION										E
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.										
DOCUMENT #	M9800000	GENERAL PARTNER 11426	RINFORMATION	13.			ADDRESS CHAI	NGES ONLY		-
NAME STREET ADDRESS	WORLD OMNI AUTO LEASING II LLC 6150 OMNI PARK DRIVE				EET ADDRESS /-ST-ZIP			_		CR2E003 (10/02)
DOCUMENT #	MOBILE A	AL 36609		+-						HZE0
NAME STREET ADDRESS				1	EET ADDRESS					- "
CITY-ST-ZIP DOCUMENT #	 ,	·	<u> </u>	╂—	EET ADDRESS			<u> </u>		-
name Street address				1						-{
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NAME STREET ADDRESS CITY-ST-ZIP					'-ST-ZIP				<u> </u>	
DOCUMENT # NAME				STRE	EET ADDRESS					
STREET AGORESS CITY-ST-2IP				CITY	'-ST-ZIP					
DOCUMENT #				STRE	EET ADDRESS		-			
STREET ADDRESS CITY-ST-ZIP		·		CITY	-ST-ZIP					
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 ADDOMN HATTO LEGISLAND TO LEGISLAND FOR THE PROPERTY OF THE PROPE										
SIGNATURE: WORLD OF THE TOTAL STORE AND THE PHONE OF SIGNATURE Dail Daylime Phone #										