2001 UNIFORM BUSINESS REPORT (UBR)

B94000000296

FILED

01 MAY -1 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B94000000296

1. Entity Name
AUTO LEASE FINANCE L.P., Limited Partnership

Principal Place of Business	Mailing Address
C/O The Corporation Trust Company 1209 Orange Street Wilmington, DE 19801	6150 Omni Park Drive Attn: Legal Dept. Mobile, AL 36609

2. Principal Place of Business	3. Mailing Address
	100 NW 12th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Legal Dept. JMFDF018
City & State	City & State Deerfield Beach, FL
Zip / Country	Zip 33442 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1120742 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Road Plantation FL 33324	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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
101,266,410.60	90,702,382	

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M98000001145	STREET ADDRESS	
NAME	Auto Lease Finance LLC		
STREET ADDRESS	6150 Omni Park Drive	CITY-ST-ZIP	000004162410--7
CITY-ST-ZIP	Mobile AL 36609		05/08/01--01082--002
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
NAME			
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CR2E003 (11/00)

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

SIGNATURE: [signature] 04/30/2001 954-429-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
John J. Whelan, Secretary