

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B94000000296 1. Entity Name AUTO LEASE FINANCE L.P., LIMITED PARTNERSHIP						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="margin-bottom: 10px;">2004 MAY -4 A 8: 03</div> <div style="margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON, DE 19801				Mailing Address ATTN: LEGAL DEPT. JMFDF018 100 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 63-1120742				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANATION, 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$35,111,213.00				10. Amount of Capital Contributions in FLORIDA to date. 40,061,099			
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 NAME AUTO LEASE FINANCE LLC STREET ADDRESS 6150 OMNI PARK DRIVE CITY-ST-ZIP MOBILE, AL 36609				STREET ADDRESS CITY-ST-ZIP			
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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.							
Auto Lease Finance L.P. By: Auto Lease Finance LLC, its General Partner							
SIGNATURE:				4-21-04 Secretary			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				Date 954-420-4617 <small>Daytime Phone #</small>			

STAPLE CHECK HERE

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 05/04/04 01036 016 ***2276.25
 \$526.25