

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

| | |
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| DOCUMENT # B9400000296 |  |
| 1. Entity Name AUTO LEASE FINANCE L.P., LIMITED PARTNERSHIP | |

FILED

2004 MAY -4 A 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|---|--|
| 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 |
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04162004 Chg-LP CR2E003 (10/03)

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 63-1120742 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANATION, FL 33324 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | State 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.

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|-----------------|------------|
| SIGNATURE _____ | DATE _____ |
|-----------------|------------|

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| 9. Capital Contributions as Shown on record. \$35,111,213.00 | 10. Amount of Capital Contributions in FLORIDA to date. 40,061,099 |
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**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 | CITY-ST-ZIP | |
| STREET ADDRESS | 6150 OMNI PARK DRIVE | | |
| CITY-ST-ZIP | MOBILE, AL 36609 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| 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

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|--|--------------------------------|----------------|------------------|---------------------|
| SIGNATURE: <i>[Signature]</i> | Auto Lease Finance L.P. | 4-21-04 | Secretary | 954-420-4617 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Date | Daytime Phone # | |