

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003989 AV

DOCUMENT # B94000000296

1. Entity Name
AUTO LEASE FINANCE L.P., LIMITED PARTNERSHIP



FILED

2003 JUN -2 PM 1:17

DIVISION OF CORPORATIONS
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 N.W. 12TH AVENUE
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address JMFDF018
ATTN: LEGAL DEPT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10051 M MORAN BLVD.

City & State

City & State

DEERFIELD BEACH FL

Zip

Country

Zip

Country

33442 USA

DUE BY MAY 1, 2003

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

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANATION 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$401,610,753.00

10. Amount of Capital Contributions
in FLORIDA to date. 35, 111, 213

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

500017211795

04/28/03-01111-006 **526.25

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STREET ADDRESS

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

SIGNATURE: *John A. Whelan*
By: AUTO LEASE FINANCE L.P. ITS GENERAL PARTNER
JOHN A. WHELAN, SECRETARY

Date

Daytime Phone #

954-42046

CR2E003 (10/02)