

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000686

1. Entity Name
WORLD OMNI AUTO LEASING LP.



FILED

03 APR 29 AM 8:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business
6150 OMNI PARK DR
MOBILE AL 36609

Mailing Address
111 NW 12TH AVE
LEGAL DEPT JMFDF018
DEERFIELD BEACH FL 33442

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
ATTN: LEGAL
DEPT. JMFDF018
Suite, Apt. #, etc.
100 JIM HOGAN BLVD.
City & State
DEERFIELD BEACH FL
Zip 33442 Country USA

4. FEI Number 65-0800014
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION 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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$77,873,000.00
10. Amount of Capital Contributions in FLORIDA to date. 41,142,000
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 #	M98000001147	STREET ADDRESS	6150 OMNI PARK DRIVE
NAME	WORLD OMNI AUTO LEASING LLC	CITY-ST-ZIP	MOBILE AL 36609
STREET ADDRESS	100 NW 12TH AVENUE		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000017332520
NAME		CITY-ST-ZIP	04/29/03--01094--025 **526.25
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 J. WHELAN, SECRETARY 954-42046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date Daytime Phone #

CR2E003 (10/02)