

2002 UNIFORM BUSINESS REPORT (UBR)

0003738 AV

DOCUMENT # B98000000688

1. Entity Name
WORLD OMNI AUTO LEASING II L.P.

FILED
2002 APR 30 PM 4:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business: **6150 OMNI PARK DR. MOBILE AL 36609**

Mailing Address: **100 NW 12TH AVE LEGAL DEPT JMFDF018 DEERFIELD BEACH FL 33442**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number: **58-2429528**

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.

SIGNATURE _____ DATE _____

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

9. Capital Contributions as Shown on record: **\$34,348,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **41,668,000**

11. **MAKE CHECK PAYABLE TO 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	
DOCUMENT #	M98000001426
NAME	WORLD OMNI AUTO LEASING II LLC
STREET ADDRESS	6150 OMNI PARK DRIVE
CITY-ST-ZIP	MOBILE AL 36609
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	400005597074--9
CITY-ST-ZIP	-05/22/02--01025--011
STREET ADDRESS	***2276.25 ***526.25
CITY-ST-ZIP	IF \$526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: **WORLD OMNI AUTO LEASING II L.P.**
BY: WORLD OMNI AUTO LEASING II LLC, ITS GENERAL PARTNER
JOHN J. WILCOX, SECRETARY Date: **04/29/02** Daytime Phone #: **954-420-4619**

CR2E003 (9/01)