2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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SIGNATURE:

SECRETARY OF STATE **DOCUMENT # B98000000688** DIVISION OF CORPORATIONS WORLD OMNI AUTO LEASING II L.P. 05 APR 28 PM 3: 00 Principal Place of Business Mailing Address 6150 OMNI PARK DR. 100 J.M. MORAN BLVD. MOBILE, AL 36609 **LEGAL DEPT JMFDF018** DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 04262005 Chq-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 58-2429528 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 10. Amount of Capital Contributions 10. Amount of Capital Contribution 10. Amount of Capital C 9. Capital Contributions \$41,668,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. M98000001426 DOCUMENT # STREET ADDRESS WORLD OMNI AUTO LEASING II LLC NAME STREET ADDRESS 6150 OMNI PARK DRIVE CITY-ST-ZIE CITY-ST-ZIP MOBILE, AL 36609 **DOCUMENT** STREET ADDRESS NAME STREET ADDRESS 200054024492 05/06/05--01087--017 ***526.25 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 II LLC, its general partner

954-420-4617

Daylime Phone #