


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004007 AV

DOCUMENT # B98000000688

1. Entity Name
WORLD OMNI AUTO LEASING II LP.



FILED

03 APR 30 AM 5:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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

3. Mailing Address
100 J. M. MORAN BLVD 430

Suite, Apt. #, etc.
LEGAL DEPT JMFDF018

City & State
DEERFIELD BEACH FL

Zip Country
33442 USA

DUE BY MAY 1, 2003

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)
88881734888

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. **\$41,668,000.00**

10. Amount of Capital Contributions in FLORIDA to date **25,045,000**

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	
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	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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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 L.P. ITS GENERAL PARTNER

DATE: 04/10/03

SECRETARY: J. WHELAN, SECRETARY

DAYTIME PHONE: 954-420-4617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003 (10/02)