

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90042 050 \*\*\*\*50.00

**DOCUMENT # M01000000871**

1. Entity Name  
**WORLD OMNI LEASE FINANCE LLC**

|  |  |
|--|--|
| Principal Place of Business<br>6150 OMNI PARK DR.<br>MOBILE AL 36609 | Mailing Address<br>6150 OMNI PARK DR.<br>MOBILE AL 36609 |
|--|--|

**825051**



DO NOT WRITE IN THIS SPACE

|                                |         |   |            |
|--------------------------------|---------|---|------------|
| 2. Principal Place of Business |         | 3. Mailing Address<br><b>100 NW 12th AVENUE</b>   |            |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.<br><b>LEGAL DEPT JMFDF018</b> |            |
| City & State                   |         | City & State<br><b>DEERFIELD BEACH FL</b>         |            |
| Zip                            | Country | Zip   | Country    |
| <b>33442</b>                   |         | <b>33442</b>                                      | <b>USA</b> |

|   |                    |                                       |
|---|--------------------|---------------------------------------|
| 4. FEI Number<br><b>65-1095371</b>                        | <b>APPLIED FOR</b> | Applied For                           |
|   |                    | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> |                    | <b>\$5.00</b> 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. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>WORLD OMNI FINANCIAL CORP.</b><br><b>190 NW 12th AVENUE</b><br><b>DEERFIELD BEACH FL 33442</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM</b><br><b>WORLD OMNI FINANCIAL CORP.</b><br><b>190 NW 12th AVENUE</b><br><b>DEERFIELD BEACH FL 33442</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: [Signature]** **WORLD OMNI LEASE FINANCE LLC**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**WHELAN, SECRETARY** **954-420-4619**  
Date Daytime Phone #

CR2E083 (9/01)