

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90137 044 \*\*\*\*50.00

0030653

**DOCUMENT # M01000001113**

1. Entity Name

**WOFCO COMMERCIAL HOLDINGS LLC**



Principal Place of Business

190 NW 12TH AVE.  
DEERFIELD BEACH FL 33442

Mailing Address

100 NW 12TH AVE  
LEGAL DEPT JMFDFO18  
DEERFIELD BEACH FL 33442

**30058404**



2. Principal Place of Business

190 JIM MORAN BLVD.  
Suite, Apt. #, etc.

3. Mailing Address

100 JIM MORAN BLVD.  
Suite, Apt. #, etc. LEGAL DEPT  
MAILDROP JMFDFO18

CHECK HERE IF MAKING CHANGES

City & State  
DEERFIELD BEACH FL

City & State  
DEERFIELD BEACH FL

4. FEI Number **65-1104821**

Applied For  
Not Applicable

Zip **33442**

Country **USA**

Zip **33442**

Country **USA**

5. Certificate of Status Desired

**\$5.00** 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME **MGRM**  Delete  
STREET ADDRESS **WORLDOMNI, FINANCIAL CORP**  
CITY-ST-ZIP **190 NW 12TH AVE  
DEERFIELD BEACH FL 33442**

TITLE  
NAME **MGRM**  Change  Addition  
STREET ADDRESS **WORLD OMNI FINANCIAL CORP.**  
CITY-ST-ZIP **190 JIM MORAN BLVD.  
DEERFIELD BEACH FL 33442**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
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CITY-ST-ZIP  Delete

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CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  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

*John J. Whelan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**JOHN J. WHELAN**

SECRETARY 04/10/03 954-470-4617  
Date Daytime Phone #

CR2E083 (10/02)