

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-28-2002 90042 048 ****50.00

DOCUMENT # M01000001235

1. Entity Name
FU CUSTODIAL MANAGER LLC

Principal Place of Business 190 NW 12TH AVE. DEERFIELD BEACH FL 33442	Mailing Address 190 NW 12TH AVE. DEERFIELD BEACH FL 33442
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 100 NW 12TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. # etc. LEGAL Dept. JMFDF018
City & State DEERFIELD BEACH FL	City & State

4. FEI Number 65-1108620	APPLIED FOR	Applied For
		Not Applicable

Zip 33442	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 MGRM	<input type="checkbox"/> Delete
NAME World Omni Financial Corp.	
STREET ADDRESS 190 NW 12TH AVENUE	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	

10. ADDITIONS/CHANGES

TITLE MGRM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME World Omni Financial Corp.	
STREET ADDRESS 190 NW 12TH AVENUE	
CITY-ST-ZIP DEERFIELD BEACH FL 33442	

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

DATE: 01/24/02 **Daytime Phone #:** 9544204617

CR2E083 (9/01)