

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001235

**FILED**  
**Mar 05, 2004**  
**Secretary of State**

**Entity Name:** FU CUSTODIAL MANAGER LLC

**Current Principal Place of Business:**

190 NW 12TH AVE.  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

190 JIM MORAN BLVD.  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

100 JIM MORAN BLVD.  
LEGAL DRPT. MAILDROP J MFDF018  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

**FEI Number:** 65-1108620      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM      ( ) Delete  
**Name:** WORLD OMNI FINANCIAL, CORP.  
**Address:** 190 JIM MORAN BLVD.  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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, SECRETARY      MGRM      03/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date