

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90137 039 \*\*\*\*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

**100 NW 12TH AVE  
LEGAL DEPT. JMFDF018  
DEERFIELD BEACH FL 33442**

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 JMFDF018**

City & State

**DEERFIELD BEACH FL**

City & State

**DEERFIELD BEACH FL**

Zip

**33442**

Country

**USA**

Zip

**33442**

Country

**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1108620**

Applied For  
 Not Applicable

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

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

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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. Whezan*

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

Date

Daytime Phone #

**JOHN J. WHEZAN**

**SECRETARY 04/14/03 9544204617**

CR2E083 (10/02)