

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

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

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NAME
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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
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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** SECRETARY 04/14/03 9544204617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)