

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90137 042 \*\*\*\*50.00

**DOCUMENT # M98000001147**



1. Entity Name  
**WORLD OMNI AUTO LEASING LLC**

Principal Place of Business

**6150 OMNI PARK DRIVE  
MOBILE AL 36609**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**100 JIM MORAN BLVD.  
LEGAL DEPT.  
MAILDROP JMFDF018  
DEERFIELD BEACH FL**

**33442**

**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0704308**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGRM</b>			
	<b>WORLD OMNI FINANCIAL CORP.</b>			
	<b>100 N.W. 12TH AVENUE</b>			
	<b>DEERFIELD BEACH FL 33442</b>			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MGRM</b>				
	<b>WORLD OMNI FINANCIAL CORP.</b>				
	<b>100 JIM MORAN BLVD.</b>				
	<b>DEERFIELD BEACH FL 33442</b>				

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: *[Signature]*

**SIGNATURE REQUIRED**

**JOHN S. WHELAN**  
**SECRETARY**

04/10/03 954-420-4617

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

Date

Daytime Phone #

CR2E083 (10/02)