## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # M99000000585** 

1. Entity Name
WORLD OMNI AUTO RECEIVABLES LLC



Principal Place of Business

6150 OMNI PARK DRIVE MOBILE, AL 36609 Mailing Address

100 JIM MORAN BLVD. LEGAL DEPT: MAILDROP JMFDF018 DEERFIELD BEACH, FL 33442

## FILED Apr 02, 2007 08:00 AM Secretary of State



03142007 No Chg-LLC

CR2E083 (11/05)

Davtime Phone #

5. Certificate of Status Desired	\$5.00 Additional Fee Required
52-2184798	Not Applicable
4. FEI Number	Applied For

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

English Committee Committe

DO NOT WRITE IN THIS SPACE

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

the obligations of registered agent.

SIGNATURE.

DO NOT WRITE IN THIS SPACE

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	WORLD OMNI FINANCIAL CORP		
STREET ADDRESS CITY-ST-ZIP	190 JIM MORAN BLVD. DEERFIELD BEACH, FL 33442		
	DEERFIELD BEACH, FL 33442		
TITLE NAME		JCCCOOSÉ2576 C4/03/57-30014-CD: SC.00	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		The state of the s	
NAME		•	
STREET ADDRESS		DO NOT WRITE	
CITY-ST-ZIP		··	
TITLE		IN THIS SPACE	
NAME STREET ADDRESS			
CITY-ST-ZIP			
TITLE		· Karajah kadi Sherthiji Kara Kara Kara Kara	
NAME			
STREET ADDRESS		in the transfer of the second of the second	
CITY-ST-ZIP		grant of the contract of the second	
TITLE			
NAME		The property of the state of th	
STREET ADDRESS CITY-ST-ZiP			
	and its that the information appoiled with this filling door act as all factors	examplians contained in Chapter 119 Florida Statutes I further partiful that the information	
11. hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			

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

(NOTE: Registered Agent signature required when reinstating)