

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90137 038 \*\*\*\*50.00

**DOCUMENT # M99000001100**

1. Entity Name  
**WODFI LLC**



Principal Place of Business

**100 NW 12TH AVE  
DEERFIELD BEACH FL 33442**

Mailing Address

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

2. Principal Place of Business

**190 JIM MORAN BLVD.**  
Suite, Apt. #, etc.

3. Mailing Address

**111 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

**65-0934017**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CT 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  
**MGRM  
WORLD OMNI FINANCIAL CORP  
100 NW 12TH AVE  
DEERFIELD BEACH FL 33442** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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. Whelan*

SIGNATURE REQUIRED

**JOHN J. WHELAN**  
**SECRETARY** 04/10/03 9544204617

CR2E083 (10/02)