

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B97000000686
 1. Entity Name
WORLD OMNI AUTO LEASING L.P.

FILED

01 MAY -1 AM 9:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: **6150 OMNI PARK DR MOBILE AL 36609**
 Mailing Address: **111 NW 12TH AVE LEGAL DEPT JMFDF018 DEERFIELD BEACH FL 33442**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

4. FEI Number: **65-0800014**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$46,936,000.00**
 10. Amount of Capital Contributions in FLORIDA to date: **73,597,000**
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M98000001147	STREET ADDRESS	
NAME	WORLD OMNI AUTO LEASING LLC	CITY-ST-ZIP	
STREET ADDRESS	100 NW 12TH AVENUE		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		
DOCUMENT #		STREET ADDRESS	3100004162263--7
NAME		CITY-ST-ZIP	-05/08/01--01076--021
STREET ADDRESS			****526.25 ****526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *John J. Whelan* **JOHN J. WHELAN** SECRETARY
 Date: **04/30/2001** Daytime Phone #: **954-420-4617**

CR2E003 (11/00)