

# 2002 UNIFORM BUSINESS REPORT (UBR)

0003738 AV

**DOCUMENT # B98000000688**

1. Entity Name  
**WORLD OMNI AUTO LEASING II L.P.**

**FILED**  
2002 APR 30 PM 4:12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business: **6150 OMNI PARK DR. MOBILE AL 36609**

Mailing Address: **100 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

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number: **58-2429528**

Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

9. Capital Contributions as Shown on record: **\$34,348,000.00**

10. Amount of Capital Contributions in FLORIDA to date: **41,668,000**

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 |                                       |
|---------------------------------|---------------------------------------|
| DOCUMENT #                      | <b>M98000001426</b>                   |
| NAME                            | <b>WORLD OMNI AUTO LEASING II LLC</b> |
| STREET ADDRESS                  | <b>6150 OMNI PARK DRIVE</b>           |
| CITY-ST-ZIP                     | <b>MOBILE AL 36609</b>                |
| DOCUMENT #                      |                                       |
| NAME                            |                                       |
| STREET ADDRESS                  |                                       |
| CITY-ST-ZIP                     |                                       |
| DOCUMENT #                      |                                       |
| NAME                            |                                       |
| STREET ADDRESS                  |                                       |
| CITY-ST-ZIP                     |                                       |
| DOCUMENT #                      |                                       |
| NAME                            |                                       |
| STREET ADDRESS                  |                                       |
| CITY-ST-ZIP                     |                                       |
| DOCUMENT #                      |                                       |
| NAME                            |                                       |
| STREET ADDRESS                  |                                       |
| CITY-ST-ZIP                     |                                       |

| 13. ADDRESS CHANGES ONLY |                              |
|--------------------------|------------------------------|
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           | <b>400005597074--9</b>       |
| CITY-ST-ZIP              | <b>-05/22/02--01025--011</b> |
| STREET ADDRESS           | <b>***2276.25 ***526.25</b>  |
| CITY-ST-ZIP              | <b>IF \$526.25</b>           |
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           |                              |
| 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: **WORLD OMNI AUTO LEASING II L.P. BY: WORLD OMNI AUTO LEASING II LLC, ITS GENERAL PARTNER**

**JOHN J. WILCOX, SECRETARY** Date: **04/29/02** Daytime Phone #: **954-420-4619**

CR2E003 (9/01)