


# 2002 UNIFORM BUSINESS REPORT (UBR)

0003735 AV

**DOCUMENT # B97000000686**  
 1. Entity Name  
**WORLD OMNI AUTO LEASING LP.**

**FILED**  
 2002 APR 30 PM 4:10  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA



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

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

**DUE BY MAY 1, 2002**  
 4. FEI Number **65-0800014**      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. **\$73,597,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **77,873,000**

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>M98000001147</b>
NAME	<b>WORLD OMNI AUTO LEASING LLC</b>
STREET ADDRESS	<b>100 NW 12TH AVENUE</b>
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</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	
CITY-ST-ZIP	
STREET ADDRESS	<b>000005597070--1</b>
CITY-ST-ZIP	<b>05/22/02--01025--010</b>
STREET ADDRESS	<b>***2276.25 ****526.25</b>
CITY-ST-ZIP	<b>FF 0526.25</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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**WORLD OMNI AUTO LEASING LP. ITS GENERAL PARTNER**  
**WORLD OMNI AUTO LEASING LLC, SECRETARY 04/24/02 9544204617**  
 Date Daytime Phone #

CR2E003 (9/01)