A COLOR OF THE STATE OF THE STA

Telephone: (212) 356-8340

Internet Address: theresa350@aol.com

Fax: (212) 356-8379

May 17, 2002

Secretary of State of Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

000005638620--4 -05/30/02--01002--003 ***1455.00 ******25.00

RE:

Asbury Jax Management L.L.C. et al

Change of Registered Agent

CSA IMPORTS, LLE

Dear Sir/Madam:

M- 552

Enclosed please find Statement of change of Registered Office or Registered Agent or Both for Limited Liability Company, Corporations and Limited Partnerships on behalf of all the entities on the attached list.

Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there are any problems, please contact the undersigned immediately at the following toll-free number 888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely yours,

Theresa Festa

Senior Corporate Specialist

CHECK # 14970 - AMOUNT 1,455.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:	CSA IMPORTS L.L.C.
2. The mailing address of the limited liability com	pany is:
P.O. Box 16469, Jacksonville, FL 32245	
3/22/2000	M0000000552
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	red office address as shown on the records of the
CT CORPORATION SYS	<u>TEM</u>
ľ	Name
1200 South Pine Island Re	oad
	ddress \mathcal{R}
Plantation, FL 33324	The second secon
2.1	ate and Zip
6. The name and address of the new registered ager	it and/or office:
NRAI Services, Inc.	oad ddress 22 MAY 29 PM 12: 43
Na	me ?
526 E. Park Avenue	13 US
Florida street address (I	P.O. Box NOT acceptable)
Tallahassee	சட் 32301
City, Stat	e and Zip
the operating agreement of the limited liability com	e the Florida street address of the registered office
(Signature of a member or authorized representative of a member)	
Linda Marlette	
(Printed or typed name of signee)	·
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms that the limited liability confirms the limited liability liabi	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00