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May 17, 2002

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

RE:

Asbury Jax Management L.L.C. et al

Change of Registered Agent

COGGIN CARS LLC

Dear Sir/Madam:

1-560

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 He above address.

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

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

Sincerely yours,

Luca Desta

Theresa Festa Senior Corporate Specialist

CHECK # 14970 - AMOUNT 1,455.00

## 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 compa	ny is: COGGIN CA	RS L.L.C.
2. The mailing address of the limited liabil	lity company is: _	
P.O. Box 16469, Jacksonville, FL 32245		
3/22/2000	-	M0000000560
3. Date of filing/registration in Florida	<del>_</del>	4. Document number
5. The name of the registered agent and the Florida Department of State:	registered office a	ddress as shown on the records of the
CT CORPORATION	ON SYSTEM	
•	Name	
1200 South Pine Island Road		27 355
Address		
Plantation, FL 33324  City, State and Zip		
City, State and Zip		
6. The name and address of the new registered agent and/or office:		
NRAI Services, Inc	c.	DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS OR MAY 29 PH 12: 54 OR MAY 29 PH 12: 54
•	Name	- 5
526 E. Park Avenu		
Florida street ac	ddress (P.O. Box N	OT acceptable)
Tallahassee	FL 32301	·
C	City, State and Zip	
ine operating agreement of the limited habi	are made, the Florient will be identical at the change(s) want or as otherwise plity company.	s of the State of Florida, it is hereby da street address of the registered office l. Or, in the case of a Florida limited as/were authorized by an affirmative vote of provided in the articles of organization or
(Signature of a member or authorized representative of a	member)	·
Linda Marlette		
(Printed or typed name of signee)		
I hereby accept the appointment as register comply with the provisions of all statutes reand I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is baddress, I hereby confirm that the limited li NRAI Services. Inc.  (Signature of Registered Agent)	red agent and agre clative to the prope ations of my positi eing filed to merel ability company ho	e to act in this capacity. I further agree to r and complete performance of my duties, on as registered agent as provided for in reflect a change in the registered office as been notified in writing of this change.

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

INHS18(10/99) FILING FEE: \$25.00