2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # B98000000301

1. Entity Name

ASBÚRY AUTOMOTIVE TAMPA, L.P.



FILED Apr 02, 2007 08:00 A Secretary of State

Principal Place of Business
% ASBURY AUTOMOTIVE GROUP
622 THIRD AVENUE, 37TH FLOOR

NEW YORK, NY 10017

Mailing Address

C/O J.I. WOOLEY
3800 WEST HILLSBOROUGH AVENUE

TAMPA, FL 33614



DO NOT WRITE IN THIS SPACE

03082007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 13-3990509 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

NAME STREET ADDRESS

CITY-ST-ZIP

DOCUMENT /
NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT /
NAME

STREET ADDRESS

STAPLE CHECK HERE

DO NOT WRITE IN THIS SPACE

WESTON, FL 33331		IN THIS SPACE
8. The above the obligat	a named entity submits this statement for the purpose of changing its retions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and sitle if applicable. DATE		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.	00
	A GENERAL PARTNER THAT IS A BUSINESS ENT NOTE: General Partners MAY NOT be changed on the	ITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	M98000000456	
NAME	ASBURY AUTOMOTIVE TAMPA GP L.L.C.	
STREET ADDRESS	622 THIRD AVENUE, 37TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10017	
DOCUMENT /		V00000688327
NAME		04/10/07-80076-009 500.00
STREET ADDRESS		2 2
CITY-ST-ZIP		
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NAME		DO NOT WRITE
STREET ADDRESS City-St-Zip		DO NOT WRITE
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LINEAR MANUTED OR PRINTED NAME OF SIGNING GENERAL PARTIER AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTIER

Daytime Phone #