2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # B9800000301 1. Entity Name ASBURY AUTOMOTIVE TAMPA, L.P. 08 MAY -1 PM 2: 00 Principal Place of Business Mailing Address % ASBURY AUTOMOTIVE GROUP C/O J.I. WOOLEY 3800 WEST HILLSBOROUGH AVENUE 622 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017 TAMPA, FL 33614 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO BOX 110464 Suite, Apt. #, etc 04032008 Cha-LP CR2E003 (12/06) City & State City & State Applied For 4 FELNumber 13-3990509 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY M98000000456 DOCUMENT # STREET ADDRESS ASBURY AUTOMOTIVE TAMPA GP L.L.C. NAME STREET ADDRESS 622 THIRD AVENUE, 37TH FLOOR CITY-ST-ZIP NEW YORK, NY 10017 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME <u> 600128327096</u> STREET ADDRESS 05/05/08--01001--004 **500.00 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

linda L Marlette, Secretan

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