

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000397

1. Entity Name

TAMPA MIT, L.P.

Principal Place of Business

C/o RIPPLEWOOD HOLDINGS LLC
ONE ROCKEFELLER PL. 32nd FL
NEW YORK NY 10020

Mailing Address

Doug Tew, c/o Courtesy Mitsubishi
3800 W. Hillsborough Ave.
Tampa, FL 33614

2. Principal Place of Business

3. Mailing Address

J.I. Wooley

Suite #, Apt. #, etc.

4636 N. Dale Mabry Highway

City & State

Tampa, FL

Zip

33614

Country

USA

4. FEI Number

59-3512667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. \$99.00

10. Amount of Capital Contributions

in FLORIDA to date. \$0

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

13. ADDRESS CHANGES ONLY

DOCUMENT # M98000000633
NAME ASBURY TAMPA MANAGEMENT L.L.
STREET ADDRESS 3800 W. HILLSBOROUGH A
CITY-ST-ZIP TAMPA FL 33684

STREET ADDRESS 3800 W. Hillsborough Avenue
CITY-ST-ZIP Tampa FL 33614

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

J. I. Wooley

03/27/00

(813) 870-0010

Date

Daytime Phone #

CR2E003 (9/99)