## BONG OF OF ITS OF Inc. OF New York, NY 10001

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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

WMZ BRANDON LA

Dear Sir/Madam:

1398-40C

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 to 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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## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sec	ions 620.105 and 620.1051, Florida Statutes, the undersigned limited
partnership organized under the law	
following statement in order to cl	ange its registered office or registered agent, or both, in the state of
Florida.	be a state of 1-5, sector agont, or both, in the state of
, WMZ BRANDON MOTORS L.P.	
	Name of the limited partnership
2 6/17/1998	3. B98000000400
Date of filing/registration in Flor	da Document number assigned
4. The name and address of the pres	ent registered agent and office:
CT CORPORA	
1200 South Pin	s Island Road
Plantation, FL	<del></del>
5. The name and street address of the	e successor registered agent and office: (P.O. Box not acceptable)
NRAI Services,	
526 E. Park Av	enue CAL
Tallahassee, FL	32301
Such change was authorized by the	eneral partners
Asbury Tamba Management L	L.C. / / 5
Vill. Nedr	5/17/2002
Signature of G	~acc
and agree to act in this capacity. I for proper and complete performance co position as registered agent.	agent and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as registered agent wither agree to comply with the provisions of all statutes relative to the f my duties, and I am familiar with and accept the obligation of my
For National Registered Agents, Inc.	
Schu Talicato	5-22-02
Registered Age	nt signature Date

Filing Fee: \$35.00

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

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