2002 UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HEKE

SIGNATURE:

B98000000631 DOCUMENT # FILED 1. Entity Name 02 FEB 28 PM 12: 42 ASBURY AUTOMOTIVE JACKSONVILLE, L.P. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 4306 PABLO OAKS CT. 4306 PABLO OAKS CT. JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 2. Principal Place of Business 3. Mailing Address 40 Box Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State 4. FEI Number Applied For 59-3512662 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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. 11 MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$99.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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 M98000001271 CR2E003 (9/01) DOCUMENT # STREET ADDRESS ASBURY AUTOMOTIVE JACKSONVILLE GP L.L.C. NAME 4306 PABLO OAKS CT. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP DOCUMENT # 200005041702 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ****141.25 ****141.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-FIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Date 7.70.03