Telephone: (212) 356-8340

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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

Dear Sir/Madam:

ASSIZY AUTOMOTIVE JACKSONVILLY, LA B98-631

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 toll-free number 888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely yours,

Luca Testa

Theresa Festa

Senior Corporate Specialist

CHECK # 14970 - AMOUNT 1,455.00

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

Pursuant to the	provisions of sections 620.1	05 and 620.1051, Florida Statutes, the undersi	igned limited
	nized under the laws of the sta	c Delaware	, submits the
following statem	ent in order to change its re	egistered office or registered agent, or both, in	
Florida.		ostated office of registered agent, or both, in	the state of
ASBURY AUT	OMOTIVE JACKSONVILLE, L	_P.	
	Name o	of the limited partnership	
210/27/1998		3 B98000000631	_
Date of fili	ng/registration in Florida	Document number assigned	
4. The name and	address of the present register	red agent and office:	
	CT CORPORATION SYSTEM		
	1200 South Pine Island Road		
	Plantation, FL 33324		20 Neg
5. The name and	street address of the successor	registered agent and office: (P.O. Boy not seem	S OR
	street address of the successor registered agent and office: (P.O. Box not acceptable)		
	526 E. Park Avenue		
	Tallahassee, FL 32301		9.
Such change was a	uthorized by the general partr	ners.	25
Asbury Automo	tive Jacksonville GP	L.L.C. / /	
11/1	(I)M	5/17/2002	•
rzmiitu - 4	Signature of General Partner	Date	
and agree to act in proper and comple position as register	this capacity. I further agree ete performance of my duties	to accept service of process for the above sta ificate, I hereby accept the appointment as regis se to comply with the provisions of all statutes rel s, and I am familiar with and accept the obliga	tered agent
Malle.	101 4		
- politica	Registered Agent signature	5-22-02	<u>#.</u> ;
		Date	

Filing Fee: \$35.00

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