

B98000000633

Document Number Only

C T Corporation System.

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

400002672574--3

-10/30/98--01004--015

*****81.25 *****8.75

400002672574--3

-10/26/98--01099--003

*****87.50 *****87.50

CUS

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ANL, L.P.

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DIVISION OF CORPORATIONS

93 OCT 27 PM 1:21

☐ Profit

☐ NonProfit

☐ Limited Liability Company

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☒ Limited Partnership

☐ Reinstatement

☐ Limited Liability Partnership

☐ Certified Copy

☐ Annual Report

☐ Reservation

☐ Photo Copies

☐ Other

☐ Change of R.A.

☐ Fictitious Name

☐ CUS

☐ Call When Ready

☒ Walk In

☐ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

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10/26

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CONNIE

W98-24259



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 26, 1998

CT CORPORATION SYSTEM

SUBJECT: ANL, L.P.
Ref. Number: W98000024259

dibia ANL Jacksonville, L.P.

We have received your document for ANL, L.P. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited partnership is not available. A foreign limited partnership whose name is not available in Florida must adopt another name which contains the words "Limited" or its abbreviation "Ltd." for use in the state of Florida. Please complete number 2 on the application with an alternate name for use in Florida.

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 398A00052554

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DIVISION OF CORPORATIONS

98 OCT 27 PM 4: 24

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DIVISION OF CORPORATIONS

98 OCT 27 PM 3: 43

Florida Department of State, Sandra B. Mortham, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. ANL, L.P.
(Name of limited partnership as it is in the home state)
2. ANL JACKSONVILLE, LTD.
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. Delaware
(State of Formation)
4. 4/31/98
(Date of Formation)
5. CT Corporation System
(Name of Registered Agent for Service of Process)
6. 1200 South Pine Island Road
(Street Address of Registered Office)
Plantation, Florida 33324
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
Donne Bryan
(Agent must sign on this line)
DONNE BRYAN
SPECIAL ASSISTANT SECRETARY
8. The Corporation Trust Company, 1209 Orange Street, Wilmington, Delaware 19801
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
Asbury Jax Management L.L.C. One Rockefeller Plaza, 32nd Floor
New York, New York 10020
10. One Rockefeller Plaza, 32nd Floor, New York, New York 10020
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. One Rockefeller Plaza, 32nd Floor, New York, New York 10020
(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This _____ day of _____, 19____.

ASBURY JAX MANAGEMENT L.L.C.,
General Partner

By: [Signature]
Its: Vice President

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 19____,
personally appeared before me,

- ☐ who is personally known to me
☐ whose identity I proved on the basis of _____

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DIVISION OF CORPORATIONS
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[Signature]
(Notary Public Signature)

Andrew Sommer
(Notary's Printed Name)

Seal

My Commission Expires: _____

ANDREW L. SOMMER
Notary Public, State of New York
No. 31-600092
Qualified in New York County
Commission Expires Dec. 29, 1999

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared _____,
a general partner of ANL, L.P., a Delaware limited partnership, hereinafter referred to as the
"Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$99.00.
2. The anticipated amount of the capital contributions of the limited partners that are
allocated for the purposes of transacting business in Florida is \$99.00.

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing
and know the contents thereof and that the facts stated herein are true and correct.*

This _____ day of _____, 19____.

ASBURY JAX MANAGEMENT L.L.C.,
General Partner

By: _____

Its: Vice President

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 19____,

personally appeared before me,

☐ who is personally known to me

☐ whose identity I proved on the basis of _____

Andrew Sommer
(Notary Public Signature)

Andrew Sommer
(Notary's Printed Name)

Seal

My Commission Expires: _____

ANDREW L. SOMMER
Notary Public, State of New York
No. 31-6000924
Qualified in New York County
Commission Expires Dec. 29, 1999

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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