

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000633

1. Entity Name

ANL JACKSONVILLE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 11:51

Principal Place of Business

4306 PABLO OAKS CT.
JACKSONVILLE FL 32224

Mailing Address

4306 PABLO OAKS CT.
JACKSONVILLE FL 32224-9631

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3503188

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

ASBURY JAX MANAGEMENT, L.L.C.
4306 PABLO OAKS COURT
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

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.

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

DOCUMENT # M98000001272
NAME ASBURY JAX MANAGEMENT L.L.C.
STREET ADDRESS ONE ROCKEFELLER PLAZA, 32ND FLOOR
CITY - ST - ZIP NEW YORK NY 10020

DOCUMENT #
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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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4306 Pablo Oaks Ct
Jacksonville FL 32224

688883199256-4
-04/07/00--01008--014
****150.00 ****150.00

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:

Linda L. Marlette
Treasurer Asbury Jax Management LLC

Date 3-17-00

Daytime Phone # 904-992-4110

CR2E003 (9/99)