

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000633

1. Entity Name

ANL JACKSONVILLE, LTD.

Principal Place of Business

4306 PABLO OAKS CT.
JACKSONVILLE FL 32224

Mailing Address

4306 PABLO OAKS CT.
JACKSONVILLE FL 32224

FILED

01 FEB 16 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3503188

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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

MARY ALICE ROGERS
Assistant Vice President

2/1/01

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

13. ADDRESS CHANGES ONLY

DOCUMENT # M98000001272
NAME ASBURY JAX MANAGEMENT L.L.C.
STREET ADDRESS 4306 PABLO OAKS CT.
CITY-ST-ZIP JACKSONVILLE FL 32224

STREET ADDRESS

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CITY-ST-ZIP

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

Daytime Phone #

2/2/01

904-992-4110

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CR2E003 (11/00)