Jey Cl. Gorpe at Ger Ces U.c. 6 3 3 New York, NY 10001

Telephone: (212) 356-8340

Internet Address: theresa350@aol.com

Fax: (212) 356-8379

May 17, 2002

ANL JACKSON VILLE, LID.

Secretary of State of Florida Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

100005638561---5 -05/30/02--01002--003 ***1455.00 ******35.00

RE:

Asbury Jax Management L.L.C. et al

Change of Registered Agent

Dear Sir/Madam:

M98-1217 B98-633

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,

Theresa Festa

Senior Corporate Specialist

CHECK# 14970 - AMOUNT 1,455.00

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02 MAY 29 AM 8: 21

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

-	rovisions of sections 620.	·	•	•
partnership organi	zed under the laws of the st	tate of Delaware		, submits the
following stateme	nt in order to change its i	registered office or reg	gistered agent, or both, in	the state of
Florida.				
ANL JACKSON				
	Name	of the limited partnership		
2, 10/27/1998		3. B98000000633	· ·	-
Date of filin	g/registration in Florida		Document number assigned	,
4. The name and a	address of the present regist	ered agent and office:		
	CT CORPORATION SYS	TEM		
	1200 South Pine Island F	Road		
	Plantation, FL 33324		11 11111111	
5. The name and s	street address of the success	or registered agent and	office: (P.O. Box not acce	entable)
	NRAI Services, Inc.		,	
			<u> </u>	ECRE ISJON
	526 E. Park Avenue			~ ≥∃-
	Tallahassee, FL 32301			9 787
	uthorized by the general pa	rtners.		
Asbury Jax Ma	magement 1.L.C.		c 1 - 1 -	RAI RAI
Ву:	Signature of General Part	ner	S //7/02-	
Having been nam	_		f wasses for the above o	stated limited
and agree to act in proper and compl position as register		a to accept service of rtificate, I hereby acce ree to comply with the ties, and I am familiar	process for the above sept the appointment as reg provisions of all statutes t with and accept the obli	tatea timitea istered agent elative to the igation of my
For National Regis	stered Agents, Inc.		_	
Sely	Talicato		5.22-08	2
	Registered Agent signatur	:e	Date	

Filing Fee: \$35.00

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

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