2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Due By May 1, 2006							
DOCUMENT # B9800000645					FILED		
CAPITAL AUTOMOTIVE L.P.							6 PM12: 58
Principal Place of Business Mailing Address				. 050	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
8270 GREENSBORO DR., SUITE 950 8270 GREENSBORO DR., MCLEAN, VA 22102 MCLEAN, VA 22102			K., SUITE	950 MELANASSEE, FLURIUA		DEE* L FAKINY	
Principal Place of Business 3. Mailing Address							
					ISBN 10111 BBILL BBSIL BBIS		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162006	Chg-LP	CR2E003 (11/05) 4	
City & State		City & State		4. FEI Number 54-18820	000	Applied Fdr Not Applicable	
- Zip	Country Zip Cou		Cour	itry	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE, FL 32301-2525							
				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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or grinted name of registered agent and title it applicable							
Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00							
After May 1, 2006, Fee will be \$900.00 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.	100 moliusur. 1 W 010 - 3120				····	ADDRESS CH.	ANGES ONLY
NAME STREET ADDRESS	CAPITAL AUTOMOTIVE CC			EET ADDRESS			
CITY+ST-ZIP	MCLEAN, VA 22102		city	(-ST-ZIP			
DOCUMENT #	s		STR	EET ADDRESS	200076244382 06/15/0601035018 **500.00		
STREET ADDRESS - CITY-ST-ZIP	·		CIT	Y-ST-ZIP			
DOCUMENT # NAME			STR	EET AODRESS			
STREET ADDRESS CITY-ST-ZIP			сп	Y-ST-ZIP			
DOCUMENT #			STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			cm	Y-ST-ZIP			
DOCUMENT /			SIF	EET ADDRESS			
STREET ADDRESS			CIT	Y-ST-ZIP			
DOCUMENT /			STF	REET ADDRESS			
TREET ADDRESS			CIT	Y-ST-ZiP	· · · · · · · · · · · · · · · · · · ·		
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee among the country of the country o							
or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE Date Dat							
SIGNATURE: SIGNATURE AND TRADOS PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylore Prone #							