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May 17, 2002

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

RE:

Asbury Jax Management L.L.C. et al

Change of Registered Agent

Dear Sir/Madam:

ASBURY-DELAND

IMPORTS, UC M-427

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

Tuesa Iesta

CHECK # 14970 - AMOUNT 1,455.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: ASBURY-DELAND IMPORTS, L.L.C.	*
2. The mailing address of the limited liability company is:	
P.O. Box 16469, Jacksonville, FL 32245	
10/27/1999 M00000000427	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	:
CT CORPORATION SYSTEM	
Name	
1200 South Pine Island Road	
Address	5 <u>:</u>
Plantation, FL 33324 City, State and Zip	2 200 000
Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office:	25
o. The hame and address of the new registered agent and/or office:	유물고
NRAI Services Inc	325
Name 526 E. Park Avenue Florida street address (P.O. Box NOT acceptable)	용유다. ⊇::
526 E. Park Avenue	ROT AA
Florida street address (P.O. Box NOT acceptable)	
Tallahassee FL 32301	<i></i>
City, State and Zip	=
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered offi and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative very members of the limited liability company or as otherwise provided in the articles of organization the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	ote of
, <u> </u>	
(Printed or typed name of signee)	2.
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agreemply with the provisions of all statutes relative to the proper and complete performance of my duand I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered off address, I hereby confirm that the limited liability company has been notified in writing of this channels of Registered Agent) (Signature of Registered Agent)	ee to ties, r in fice ige.

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

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FILING FEE: \$25.00