Telephone: (212) 356-8340

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Fax: (212) 356-8379

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 Mol-604

Dear Sir/Madam:

(OGGIN OBLANDO PROBERTIES LLC

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

Luca Testa

## 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	:: COGGIN ORLANDO PROPERTIES LLC
2. The mailing address of the limited liability of	
P.O. Box 16469, Jacksonville, FL 32245	
3/19/2001	M0100000606
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the reg Florida Department of State:	istered office address as shown on the records of the
CT CORPORATION S	SYSTEM
	Name
1200 South Pine Islan	nd Road
	Address
Plantation, FL 33324	
Cir	y, State and Zip
6. The name and address of the new registered agent and/or office:  NRAI Services, Inc.  Name  526 F. Park Avenue	
NRAI Services, Inc.	AY NE
526 E. Park Avenue	Name 29 This
	ess (P.O. Box NOT acceptable)
r fortua street addie	5 S
Tallahassee	FI 32301 0176
City,	State and Zip
confirmed that after the change or changes are	
Linda Marlette	
(Printed or typed name of signee)  I hereby accept the appointment as registered comply with the provisions of all statutes relat and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liable NRAI Services. Inc.  (Signature of Registered Agent)	agent and agree to act in this capacity. I further agree to ive to the proper and complete performance of my duties, ons of my position as registered agent as provided for in a filed to merely reflect a change in the registered office flity company has been notified in writing of this change.

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

INHS18(10/99) FILING FEE: \$25.00