

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002809

Entity Name: UAG ROYAL PALM, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

2555 TELEGRAPH ROAD
BLOOMFIELD HILLS, MI 48302

New Principal Place of Business:

Current Mailing Address:

2555 TELEGRAPH ROAD
BLOOMFIELD HILLS, MI 48302

New Mailing Address:

FEI Number: 80-0072974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PENSKE, ROGER S JR
Address: 2555 TELEGRAPH ROAD
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: MGRM () Delete
Name: PENSKE AUTOMOTIVE GR, OUP, INC.
Address: 2555 TELEGRAPH ROAD
City-St-Zip: BLOOMFIELD HILLS, MI 48302

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PENSKE, JR., ROGER S MGR
Address: 2555 TELEGRAPH ROAD
City-St-Zip: BLOOMFIELD HILLS, MI 48302

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CRYSTAL FICKEN

POA

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date