## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M03000003932 1. Entity Name CAR AAG FL JAC L.L.C.

**FILED** Jan 28, 2005 08:00 AM **Secretary of State** 

Principal Place of Business

8270 GREENSBORO DRIVE, SUITE 950 MCLEAN, VA 22102

Mailing Address

8270 GREENSBORO DRIVE, SUITE 950 MCLEAN, VA 22102



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| 4. FEI Number                    | Applied For       |
|----------------------------------|-------------------|
| 56-2347558                       | <br>Not Applicab  |
| 5. Certificate of Status Desired | \$5.00 Additional |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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| the obligati                                   | ions of registered agent.  |   |  |
|--|--|---|--|
| SIGNATURE_                                     | Signature, typed or printed name of registered agent and title if applicable.  | (NOTE. Registered Agent signature required when reinstating)  | DATE   |
| Fi<br>D  | ling Fee is \$50.00<br>ue by May 1, 2005   |   |  |
| g.   | MANAGING MEMBERS/MANAGERS  |   | <del>`</del> _   |
| IITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CAPITAL AUTOMOTIVE L.P.<br>8270 GREENSBORO DRIVE, SUITE 950<br>MCLEAN, VA 22102   |   | U00000201696   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   | 01/28/05-80078-002 50.00   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | DO  | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | IN  | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |   |  |
| 11. I hereby of indicated limited fia          | certify that the information supplied with this filing does not on<br>on this report is true and accurate and that my signature sha<br>bility company or the receiver or trustee empowered to execu- | ualify for the exemption stated in Section 119.07(3)<br>all have the same legal effect as if made under oat<br>ute this report as required by Chapter 608, Florida. | (i), Florida Statutes. I further certify that the information is that I am a managing member or manager of the Statutes. |

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