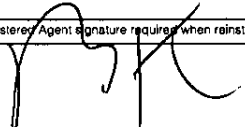
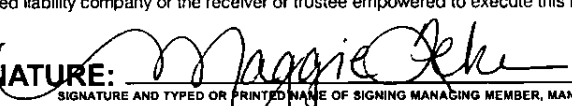


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                                      |                                                                    |                                                                                                                                      |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # M06000004269</b><br>1. Entity Name<br><b>UAG ROYAL PALM M1, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                                                      |                                                                    |                                                     |                                                                              |
| Principal Place of Business<br><b>3400 ROUTE 42<br/>TURNERSVILLE, NJ 08012</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                                      | Mailing Address<br><b>3400 ROUTE 42<br/>TURNERSVILLE, NJ 08012</b> |                                                                                                                                      |                                                                              |
| 2. Principal Place of Business - No P.O. Box #<br><b>2555 Telegraph Rd</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     | 3. Mailing Address<br><b>2555 Telegraph Rd.</b><br>Suite, Apt. #, etc.               |                                                                    |                                                    |                                                                              |
| City & State<br><b>Bloomfield Hills, MI 48302</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     | City & State<br><b>Bloomfield Hills, MI 48302</b>                                    |                                                                    | 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                               |                                                                              |
| Zip<br><b>48302</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | Country<br><b>USA</b>                                                                |                                                                    | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required                                      |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                                      |                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                      |                                                                    |                                                                                                                                      |                                                                              |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |  |                                                                    | Make check payable to<br><b>Florida Department of State</b>                                                                          |                                                                              |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                      | 10. ADDITIONS/CHANGES                                              |                                                                                                                                      |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>ISHIKAWA, HIROSHI<br>3400 ROUTE 42<br>TURNERSVILLE, NJ 08012 | <input checked="" type="checkbox"/> Delete                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | Managing Member<br>Florida Chrysler Plymouth, Inc.<br>2555 Telegraph Rd.<br>Bloomfield Hills, MI 48302                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | Mgr<br>Roger S. Penske, Jr.<br>2555 Telegraph Rd.<br>Bloomfield Hills, MI 48302                                                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | Mgr<br>Maggie Feher<br>2555 Telegraph Rd.<br>Bloomfield Hills, MI 48302                                                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | 000117610610<br>02/08/08--01023--017 ***138.75                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                     | <input type="checkbox"/> Delete                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 11. 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 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:  Maggie Feher, Mgr 1/29/08 248-648-2517<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #                                                                                                                                                                                                                                      |                                                                     |                                                                                      |                                                                    |                                                                                                                                      |                                                                              |

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA