## I ev C Carpor Ite Service, no suite de Amaras Suito I New York, NY 10001

Telephone: (212) 356-8340

Internet Address: theresa350@aol.com

Fax: (212) 356-8379

May 17, 2002

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

000005638600--6 -05/30/02--01002--003 \*\*\*1455.00 \*\*\*\*\*25.00

RE:

Asbury Jax Management L.L.C. et al ASSUNY

Change of Registered Agent

AUTOMOTIVE

TAMPA GPLIC

Dear Sir/Madam:

M98-456

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 to lifere 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

Tuesa Lesta

M 9.59

## 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 limi	ted liability comp	any is: ASBURY	AUTOMOTIVE TAM	PA GP L.L.C.	
2. The mailing address	of the limited liab	oility company is:			
4636 N. Dale Mabry Hwy.	, <b>T</b> ampa, FL 33614			-	
5/7/98			M98000000456		<u></u>
3. Date of filing/registration in Florida		*	4. Document nu	mher	
5. The name of the regis Florida Department of	tered agent and th	e registered office			is of the
-	CT CORPORAT	ION SYSTEM			
	Nan			-	
	Island Road	<u> </u>			
		Address		_	
	Plantation, FL 33		<u>,</u>	<b>-</b> .	
		City, State and 2	-		
6. The name and address	of the new registe	ered agent and/or	office:		0 =
	NRAI Services, Ir	nc.			DZ MAY
	526 E. Park Aven	Name	grown offeddigm, what is		N 2 N 2 N 2 N 2 N 2 N 2 N 2 N 2 N 2 N 2
		<del></del>	NOT		29
	riorida street a	iddress (P.O. Box	NOT acceptable)		1 29 S
	Tallahassee	FL 32301	ſ		9: 5'
	(	City, State and Zip	)		25 <u>SE</u>
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement (Signature of a member or authorometric confirmation).	thange or changes  If the registered ag  If the confirmed the  If the limited liab	are made, the Floent will be identicated the change(s) on as otherwise ility company.	orida street address cal. Or, in the case	of the registe of a Florida l	ered office limited
Thomas R. Gibson					
(Printed or typed name of signee)	)				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services. Inc. (Signature of Registered Agent)	intment as registe is of all statutes re id accept the oblig this document is b that the limited li	gations of my posi peing filed to mere iability company i	ree to act in this ca per and complete pi tion as registered a ly reflect a change has been notified in	pacity. I furt erformance o igent as prov in the regist writing of th	her agree to f my duties, ided for in ered office iis change.
(organistic of Registered Agent)					
This is a second of the second		W 0			

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

INHS18(10/99)

**FILING FEE: \$25.00**