


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90026 026 ***138.75

DOCUMENT # M98000000456	
1. Entity Name ASBURY AUTOMOTIVE TAMPA GP L.L.C.	

Principal Place of Business C/O ASBURY AUTOMOTIVE GROUP 622 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	Mailing Address J.I. WOOLEY 3800 WEST HILLSBOROUGH AVENUE TAMPA, FL 33614
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 16469
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Jacksonville, FL
Zip	Zip 32245-1649
Country	Country USA



04032008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASBURY AUTOMOTIVE GROUP L.L.C. 622 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 10017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Linda L. Markette Linda L. Markette 4808 904-992-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #