0058543

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000456

1. Entity Name
ASBURY AUTOMOTIVE TAMPA GP L.L.C.

FILED
03 APR -2 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O RIPPLEWOOD HOLDINGS L.L. 1 ROCKEFELLER PLAZA, 32ND FLOOR NEWYORK NY 19312-1002 0	J.I. WOOLEY 4636 N. DALE MABRY HWY TAMPA FL 33614

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
c/o Asbury Automotive Group			
Suite, Apt. #, etc.: 3 Landmark Square, Ste. 500		Suite, Apt. #, etc.	
City & State: Stamford, CT		City & State	
Zip: 06901	Country: US	Zip	Country

4. FEI Number 13-3990508 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASBURY VILLANOVA L.L.C. 1 ROCKEFELLER PLAZA, 32ND FLOOR NEW YORK NY 10020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Asbury Automotive Group LLC 3 Landmark Square, Ste. 500 Stamford, CT 06901 XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400015178344 04/02/03--01057--025 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED J. I. Wooley 3/27/03 (813) 870-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #