


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2008 90025 001 ***138.75

DOCUMENT # M98000000633 1. Entity Name ASBURY TAMPA MANAGEMENT L.L.C.					
Principal Place of Business 622 THIRD AVENUE, 37TH FLOOR C/O ASBURY AUTOMOTIVE GROUP NEW YORK, NY 10017			Mailing Address C/O J.I. WOOLEY 3800 WEST HILLSBOROUGH AVENUE TAMPA, FL 33614		
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	Country	Zip 32245-6469	Country USA	4. FEI Number 59-3512657	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			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 _____ (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 TAMPA, L.P. 622 THIRD AVENUE, 37TH FLOOR NEW YORK, NY 06901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <u>Linda L. Marlette</u>			SIGNATURE: <u>Linda L. Marlette</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>4-30-08</u> Daytime Phone # <u>904.992.4110</u>		