

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

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| DOCUMENT # M98000001271 1. Entity Name ASBURY JAX MANAGEMENT L.L.C. |  |
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| Principal Place of Business 4306 PABLO OAKS CT. JACKSONVILLE, FL 32224 | Mailing Address PO BOX 16469 JAX, FL 32245 |
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03232007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 59-3503187 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 |
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| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
| DATE _____ |

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ASBURY AUTOMOTIVE JACKSONVILLE, L.P. 4306 PABLO OAKS CT. JACKSONVILLE, FL 32224 |
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04/11/07-80048-017 50.00

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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: <u>Linda L. Marlette</u> <u>Linda L. Marlette</u> <u>3-28-07</u> <u>904-992-4110</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> |