

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

00 APR 14 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MM

DOCUMENT # M98000001272

1. Entity Name

ASBURY AUTOMOTIVE JACKSONVILLE GP L.L.C.

Principal Place of Business

4306 PABLO OAKS COURT
JACKSONVILLE FL 32224

Mailing Address

4306 PABLO OAKS COURT
JACKSONVILLE FL 32224-9631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3512660

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$50.00
Make Check Payable to Department of State

9.

MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ASBURY VILLANOVA L.L.C.
ONE ROCKEFELLER PLAZA, 32ND FLOOR
NEW YORK NY 10020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1050 Westlakes Dr Suite 300
Berwyn PA 19312

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500003224045-4
-04/26/00-01007-003
*****50.00 *****50.00

☐ Change ☐ Addition

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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:

Wanda Marie REYNOLDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-17-00

Date

904.992.4110

Daytime Phone #

CR2E083 (9/99)