2301 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   M98000001272

1. Entity Name

ASBURY AUTOMOTIVE JACKSONVILLE GP L.L.C.

Principal Place of Business	Mailing Address
% CARMELO SEGUINOT	% CARMELO SEGUINOT
1050 WESTLAKES DR., SUITE 300	1050 WESTLAKES DR.. SUITE 300
BERWYN PA 19312	BERWYN PA 19312

FILED

01 FEB 14 AM 11: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business — 4306 Pablo Oaks Ct

3. Mailing Address — PO Box 16469

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State — Jacksonville FL

City & State — Jacksonville FL

Zip — 32224   Country — US

Zip — 32245-6469   Country — US

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

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. 1050 WESTLAKES DR. SUITE 300 BELWYN PA 19312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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CR2E083 (11/00)

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: _Linda Marlette_   Linda Marlette, Treasurer   2-12-01   904-992-4110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #