2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

FILED Apr 16, 2004 08:00 AM Secretary of State

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DOCUMENT # M9800001272				2	Secret	ary of State	
1. Entity Name ASBURY AUTOMOTIVE JACKSONVILLE GP L.L.C.							
Principal Piac	e of Business	Mailing Address					
4306 PABLO		PO BOX 16469	A.C.				
JACKZONVILL	E, FL 32224	JACKSONVILLE, FL 322	40				
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				01232004 No	Chg-LLC CF	2E083 (10/03)	
				4. FEI Number		Applied For	
				59-3512		Not Applicable	
	and the second s			5. Certificate of	Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent					
NRAI SERVICES, INC.				ו סמ	NOT WRIT	re	
526 E. PARK AVENUE							
TALLAHASSEE, FL 32301				INT	HIS SPAC	注	
			_				
8. The above	named entity submits this statement for	the purpose of changing its	registered office or re	gistered agent, or both,	in the State of Florida. I	am familiar with, and accept	
the obligat	ions of registered agent.					ne n	
SIGNATURE_	Signature, typed or printed name of registered agent s	nd title if applicable. (NOTE	Registered Agent signature	required when reinstaling)	DA	JE .	
		447			<u>-</u>		
Pi D	ling Fee is \$50.00 ue by May 1, 2004						
9.	MANAGING MEMBE	RS/MANAGERS					
TITLE	MGRM ASBURY VILLANOVA L.L.C.				0000001155 04/16/04-8002	09	
STREET ADDRESS	1050 WESTLAKES DR. SUITE 3	00			04/16/04-8002	27-006 50.00	
CITY-ST-ZIP	BELWYN, PA 19312		<u> </u>		_	<u>.</u> .	
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CITY-ST-ZIP							

11. I hereby certify that the information supplied with this filling 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: Mude Malltle Linda L Marlette 4904 904.992.4660