

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M98000001272	
1. Entity Name ASBURY AUTOMOTIVE JACKSONVILLE GP L.L.C.	
Principal Place of Business 4306 PABLO OAKS CT. JACKSONVILLE, FL 32224	Mailing Address PO BOX 16469 JACKSONVILLE, FL 32245



03172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3512660	Applied For Not Applicable
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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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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASBURY VILLANOVA L.L.C. 1050 WESTLAKES DR. SUITE 300 BELWYN, PA 19312
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03/22/05-80009-014 50.00

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 L. Marlette Linda L. Marlette 31805 904-992-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #