


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>CAR CLEARWATER L.L.C.</b> <b>C/O CSC NETWORKS</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>		DOCUMENT # M98000001306 1a. Principal Place of Business Address <b>C/O CSC NETWORKS</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>	
2. Principal Place of Business <b>1420 Spring Hill Road</b> Suite, Apt. #, etc. <b>Suite 525</b> City & State <b>McLean, VIRGINIA</b> Zip <b>22102</b> Country <b>USA</b>	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified <b>11/05/1998</b> 4. FEI Number <b>54-1921321</b> 5. Date of Last Report	3a. State of Formation <b>DE</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent <b>CORPORATION SERVICE , COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ DATE _____ <small>(If Registered Agent Accepting Appointment) (If Registered Agent's Signature Required With Certificate of Change)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CAPITAL AUTOMOTIVE LP	1420 SPRING HILL ROAD, SUI	MCLEAN VA  000002881460--E -05/20/93--01085--001 ****188.75 xxxx 188.75
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address. CAPITAL AUTOMOTIVE LP By: CAPITAL AUTOMOTIVE REIT, ITS GENERAL PARTNER SIGNATURE: <u>By: John M. Weaver</u> 5/11/99 <small>SIGNATURE AND TITLE OF OFFICER, DIRECTOR, OR MANAGING MEMBER REQUIRED</small>			