# 00000129

ACCOUNT NO. : 07210000032

REFERENCE :

AUTHORIZATION

COST LIMIT

ORDER DATE: January 28, 1999

ORDER TIME : 1:48 PM

ORDER NO. : 115988-025

900002759349-

CUSTOMER NO: 4303829

CUSTOMER: Donna Guihon, Legal Asst

Shaw, Pittman, Potts &

2300 N Street, N.w.

Washington, DC 20037

#### FOREIGN FILINGS

NAME: CAR ASBFL L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

DIVISION OF CORPORATION

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

£1.

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

CAR ASBFL L.L.C.		المنافعة المعنود	~~~~···			
(Nan	ne of foreign l	limited liability o	ompany)			
Delaware		<ol><li>applied</li></ol>	for .	F.		
(Jurisdiction under the law of which foreign line company is organized)	nited liability		( FEI num	ber, if applic	able)	
January 25, 1999	- 	5. Dece	mber 31,	2073		
(Date of Organization)			Year limited		npany w	rill cease t
Upon date of qualification	-			-		7
(Date first transacted business i	n Florida. (Se	e sections 608.50	)1, 608.502, ai	nd 817.155, I	F.S.)	
1420 Spring Hill Road, Suite 525, M	cLēān, Vir	ginia 22102				_
	Street address	of principal offi	ce)	:		-
· ·		•	,			
ist name, title, and business address of	each manag	ging member[	MGRM] or	manager[]	MGR]\	who
vill manage the foreign limited liability a	company in	Blorida: (atta	ch addition	al nage if	necess	arry)
ill manage the foreign limited liability	company in	n Florida: (atta	ch addition	al page if	necess	ary)
	~ -	·		~		
vill manage the foreign limited liability of NAME & ADDRESS:	company in	·	ch addition  C & ADDR	~		ary) TLE:
	TITLE:	·		~		
NAME & ADDRESS:	TITLE:	·		~		
NAME & ADDRESS:  Capital Automotive L.P.	TITLE:	·		~	<b>TI</b>	
NAME & ADDRESS:  Capital Automotive L.P.  1420 Spring Hill Road	TITLE:	·		~	TIT	
NAME & ADDRESS:  Capital Automotive L.P.  1420 Spring Hill Road  Suite 525	TITLE:	·		~	TIT	
NAME & ADDRESS:  Capital Automotive L.P.  1420 Spring Hill Road  Suite 525	TITLE:	·		~	TI	
NAME & ADDRESS:  Capital Automotive L.P.  1420 Spring Hill Road  Suite 525	TITLE:	·		~	TI 99 JAN 29	
NAME & ADDRESS:  Capital Automotive L.P.  1420 Spring Hill Road  Suite 525	TITLE:	·		~	TI	
NAME & ADDRESS:  Capital Automotive L.P.  1420 Spring Hill Road  Suite 525	TITLE:	·		~	TI 99.JAN 29 PM	
NAME & ADDRESS:  Capital Automotive L.P.  1420 Spring Hill Road  Suite 525	TITLE:	·		~	TI 99 JAN 29 PM 4: 1	
NAME & ADDRESS:  Capital Automotive L.P.  1420 Spring Hill Road  Suite 525	TITLE:	·		~	TI 99.JAN 29 PM	
NAME & ADDRESS:  Capital Automotive L.P.  1420 Spring Hill Road  Suite 525	TITLE:	·		~	TI 99 JAN 29 PM 4: 1	
NAME & ADDRESS:  Capital Automotive L.P.  1420 Spring Hill Road  Suite 525	TITLE:	·		~	TI 99 JAN 29 PM 4: 1	

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of CAR ASBFL L.L	.c
certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$ <u>100</u> ;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$ <u></u> 0;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$ <u>100</u> .

Sig	nature of a member or an authorized representative of a membe	r.	
(I) af	n accordance with section 608.408(3), Florida Statutes, the execution of this fidavit constitutes an affirmation under the penalties of perjury that the facts ated herein are true.)	ل 99	SECR IVISION
	Capital Automotive L.P. Its Member	AN 29	ETARY OF CI
Ву:	Capital Automotive REIT Its General Partner	24	ORPO
Ву:	John M. Weaver  Vice President	ի։ 19	RATIONS

Filing Fee: \$250.00 for Application and Affidavit

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name a	nd the Florida street address or	f the registered agen	t and office a	re:	
	Corporation Service Compar	ny			
		(Name)			99
	1201 Hays Street			- <u>-</u> -	~ ~
	Florida street addres	ss (P.O. Box <u>NOT</u> ACCI	EPTABLE)		9 PM
	Tallahassee, FL 32301				+
		City/State/Zip		<del>-</del>	9

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Inthony L. Shoren

1. The name of the Limited Liability Company is:

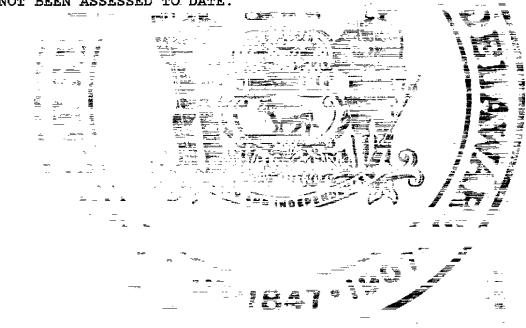
Filing Fee: \$ 35 for Designation of Registered Agent

#### State of Delaware

#### Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAR ASBFL L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JANUARY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE





Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

9540990

DATE:

01-26-99

2996992 8300

991031013