2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000000921

1. Entity Name
ASBURY AUTOMOTIVE CENTRAL FLORIDA, L.L.C.

Principal Place of Business	Mailing Address
4306 PABLO OAKS COURT JACKSONVILLE, FL 32224	PO BOX 16469 JACKSONVILLE, FL 32245-646

DO NOT WRITE IN THIS SPACE

03172006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3580818
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	TOMM, CHARLIE (C.B.)
STREET ADDRESS	4306 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	MGR
NAME	COGGIN, LUTHER
STREET ADDRESS	4306 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	ST
NAME	MARLETTE, LINDA L
STREET ADDRESS	4306 PABLO OAKS CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible]
04/10/06 [illegible] 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3/21/06 904-992-4110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #