

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _____ 2005

illing Period: Septem FORM MUST BE TYPED (Filing Fee: \$50.00							
1. ID No.	2 Exact na	name of the limited liability company								
130017	UAG Wes	est Bay IA, LLC								
3. State of Formation	4.	Brief description of the	character of the hustness whic	b is actually conducted in Rhode Islan	nd					
DELAWARE AUTOMOBILE DEALERSHIP										
5 Principal office address 1515 Raid Hill Rd				war wick	State RT		02886			
6. MAILING ADDRES	S OF LIM	ITED LIABILITY (COMPANY AND NAME	OR TITLE OF CONTACT PERS	SON:					
Contact Name NO OCIO Feber				ASSISTANT Secretary						
Street Address) 7555 Telegraph				Rhomfield Hills	State]	48302			
200			er emeller it skapertenen it a filt		21 1/1	1	1700-7			
7. NAME AND ADDE	ESS OF E.			LITY COMPANY, IF APPLICAT HMENTS ("X" BOX FOR AT	DLE Ta <i>cuassit</i>					
≜ N7	MODIE	FILL IN SPACES I	REFORE USING ATTAC	ING OF AMENDMENT, R.I.G.1			5-52			
		SATIONS TO DELIV		•		, (=, , , , , , ,	. •			
Manager Name				Manager Name						
Sinvet Address				Street Address						
2555 Telegroph PM.										
Frankleid.	Hitle "	inc MI	Z19 48302	City	State		<i>Zip</i>			
Manager Name				Manager Name						
Sircet Address				Strew Address						
City	Si	ate	Zip	City	State		Zip			
			l		l _		l			
8. RESIDENT AGENT	I IN RHOI	DE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 - Address	R.I.G.L. 7-1	6-11				
CT CORPORATION SY	STEM				. <u>.</u>					
Address				City	z		Zip			
10 WEYBOSSET STREET				PROVIDENCE	02903-					
		<u>_</u>								

This report must be signed in ink by an authorized person pursuant to R.J.G.L. 7-16-66.

130017	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements.
File Daie Check No. By: FOR SECRETARY OF STATE USE ONLY	Signature of Authorized Person Date Maggie Feher Print or Type Name of Authorized Page 1017



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	name of the limited liabilit	у сотрану						
130017 UAG V	G West Bay IA, LLC							
3. State of Formation		character of the business whi	ich is actually conducted in Rhode Islam	d				
DELAWARE	Autom	obile De	alership					
5. Principal office address 2055 Telegy	raph Ro		Bloomfield Hill	State	/	48302		
6. MAILING ADDRESS OF IL.	- NITHER LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PERS	ON:				
VIAC CAR	Felor		Assistant Sparotary					
Sireel Address	21141		City	State	es as y	Zip		
2555 Telec	raigh Rd	-	Bloom to SO HI	le 1	ر ۱۱۱	48307		
7. NAME AND ADDRESS OF	EACH MANAGER O	F THE LIMITED LIABI	ILITY COMPANY, IF APPLICAB			o a		
ANY MODI		BEFORE USING ATTAC	CHMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.I.G.L			£2		
	FICATIONS TO MAN	NOERS REQUIRES FIL	:	/·10·12 (a)(2)/ /-10	-74		
Manager Name SIA			Manager Name					
Street / Edress			Street Address					
2740	State	1 2/2	City	State		7:6		
City t	Sinic	Zip	City	state		Zip		
Manager Name	J	J	Manager Name					
Street Address			Sirvet Address					
			•					
City	State	Zip	City	State		Zip		
,			:					
	ODE ISLAND - DO N	NOT ALTER - Changes	require filing of Form 642 -	R.I.G.L. 7-1	6-11			
Agent Name			Address					
CT CORPORATION SYSTEM				,				
Address			1 '		Zip			
10 WEYBOSSET STREET			PROVIDENCE		02903-			
	This report must be	e <mark>signed in ink</mark> by an ai	uthorized person pursuant to R.I	I.G.L. 7-16-6	i6.			
* 1	3 0 0 1 7	*	Under penalty of perjury, I					
	1	1	including any accompanyi contained berein are true a		ind statements	a, and that all statements		

Maggie Feher
Assistant Secretary
Print or Type Name of Authorized Person