



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

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | |
|--|------------------------|--|---------------|
| 1. ID No. 130019 | | 2. Exact name of the limited liability company UAG West Bay II, LLC | |
| 3. State of Formation DELAWARE | | 4. Brief description of the character of the business which is actually conducted in Rhode Island AUTOMOBILE DEALERSHIP | |
| 5. Principal office address 1515 Bald Hill Rd. | | City Warwick | State RI |
| | | Zip 02886 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name Maggie Feher | | Contact Title Assistant Secretary | |
| Street Address 2555 Telegraph Rd. | | City Bloomfield Hills | State MI |
| | | Zip 48302 | |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 | | | |
| Manager Name United Auto Group, Inc. M | | Manager Name | |
| Street Address 2555 Telegraph Rd. | | Street Address | |
| City Bloomfield Hills | State MI | City | State |
| Zip 48302 | | Zip | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 | | | |
| Agent Name CT CORPORATION SYSTEM | | Address | |
| Address 10 WEYBOSSET STREET | | City PROVIDENCE | Zip 02903- |

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



130019

| | |
|---------------------------------|----------|
| File Date | 10/28/05 |
| Check No. | 33702 |
| By: | |
| FOR SECRETARY OF STATE USE ONLY | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person Date 9/9/05
Maggie Feher, Asst. Sec.
Print or Type Name of Authorized Person



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| 1. ID No. 130019 | | 2. Exact name of the limited liability company UAG West Bay II, LLC | | | |
| 3. State of Formation DELAWARE | | 4. Brief description of the character of the business which is actually conducted in Rhode Island automobile dealership | | | |
| 5. Principal office address 2555 Telegraph Rd. | | City Bloomfield Hills | | State mi | Zip 48302 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
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| Manager Name n/a | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
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| Agent Name CT CORPORATION SYSTEM | | Address | | | |
| Address 10 WEYBOSSET STREET | | City PROVIDENCE | | Zip 02903 | |

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



* 1 3 0 0 1 9 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

| | |
|---------------------------------|----------------|
| File Date | 9/13/04 |
| Check No | 29507 |
| By: | DA |
| FOR SECRETARY OF STATE USE ONLY | |

Signature of Authorized Person **Maggie Feher** Date **9/7/04**
Assistant Secretary
Print or Type Name of Authorized Person