



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. 130022 | | 2. Exact name of the limited liability company UAG West Bay IB, 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. | | | Manager Name | | |
| Street Address 2555 Telegraph Rd. | | | Street Address | | |
| City Bloomfield Hills | State MI | Zip 48302 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | 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.



130022

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 | 11/14/05 |
| Check No. | 33777 |
| By: | CAF |
| FOR SECRETARY OF STATE USE ONLY | |

Maggie Feher **9/12/05**
Signature of Authorized Person Date
Maggie Feher
Assistant Secretary
Print or Type Name of Authorized Person



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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. 29511
 By: DA
 FOR SECRETARY OF STATE USE ONLY

Maggie Feher 9/13/04
 Signature of Authorized Person Date
 Maggie Feher
 Assistant Secretary
 Print or Type Name of Authorized Person