

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

Corporations Division 100 North Main Street Providence, Rl 02903-1335 401.222,3040

Matthew A. Brown, Secretary of State

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 BIACK) 2. Exact name of the limited liability company L. ID No 130024 **UAG West Bay IL, LLC** 3 State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island **AUTOMOBILE DEALERSHIP DELAWARE** 5. Principal office addges: (Norwic) LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: elegraph FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Street Address Street Address City State Zip Manager Name. Manager Name Street Address Street Address City State 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 Address Agent Name **CT CORPORATION SYSTEM** Zib

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

PROVIDENCE

	*130024 *	
File Date _	10 28 05	
Ву:	OR SECRETARY OF STATE USE ONLY	

10 WEYBOSSET STREET

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

02903-

Vaggie Feher Asst

Form 632 Rev. 7/03



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5. Principal office add	To I and v	.0	Bloom D. W	Kuc m	1 8830>	
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7. NAME AND A		ER OF THE LIMITE CES BEFORE USING		' APPLICABLE OX FOR ATTACHMENT)		
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City	State	Zip	City	State	\\ \frac{\chi_{\chi_{\chi}}}{\chi_{\chi_{\chi}}}	
8. RESIDENT AG	I GENT IN RHODE ISLAND -	DO NOT ALTER - C	hanges require filing of I	orm 642 - R.J.G.L. 7-1	6-11	
Agent Name			Address			
CT CORPORATIO	N SYSTEM			<u></u>	·	
Address	······································		City		Zip	
10 WEYBOSSET	STREET		PROVIDENCE		02903-	
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	* 1 3 0 0 2	4 *	Under penalt	y of perjury, I declare and	affirm that I have examined and statements, and that all s	this repo itatement
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File Date	9/13/04				, .	
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Check No	29515		Signature of i	unifolis de Person	Date	
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By:				istant Secretary		•
FOR SECI	RETARY OF STATE USE ONLY		Print or Type	Name of Authorized Person	ı	