

FORM D
Notice of Exempt
Offering of Securities

UNITED STATES SECURITIES
AND EXCHANGE COMMISSION
Washington, D.C.

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 2015
Estimated Average burden hours
per response: 4.0

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization

Over Five Years Ago
 Within Last Five Years (Specify Year)
 Yet to Be Formed

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code Phone No. of Issuer

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization

Over Five Years Ago
 Within Last Five Years (Specify Year)
 Yet to Be Formed

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code Phone No. of Issuer

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001264944"/>		<input type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="ANTREV LLC"/>		<input checked="" type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="SC"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="ANTREV LLC"/>			
Street Address 1	Street Address 2		
<input type="text" value="5401 East Independence Boulevard"/>	<input type="text"/>		
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001171048"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="AVALON FORD INC"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="DE"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="AVALON FORD INC"/>			
Street Address 1	Street Address 2		
<input type="text" value="5401 East Independence Boulevard"/>	<input type="text"/>		
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001071718"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="CASA FORD OF HOUSTON INC"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="TX"/>		<input type="radio"/> Business Trust

Year of Incorporation/Organization

Other

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

CASA FORD OF HOUSTON INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001117867

Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other

Name of Issuer

FAA AUTO FACTORY INC

Jurisdiction of

Incorporation/Organization

CA

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FAA AUTO FACTORY INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001117865

Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other

Name of Issuer

FAA CAPITOL N INC

Jurisdiction of

Incorporation/Organization

CA

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FAA CAPITOL N INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

000117864

Name of Issuer

FAA CONCORD H INC

Jurisdiction of
Incorporation/Organization

CA

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

FAA CONCORD H INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

000117862

Name of Issuer

FAA CONCORD T INC

Jurisdiction of
Incorporation/Organization

CA

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

FAA CONCORD T INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001117860"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="FAA DUBLIN N INC"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="CA"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="FAA DUBLIN N INC"/>			
Street Address 1		Street Address 2	
<input type="text" value="5401 East Independence Boulevard"/>		<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001117859"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="FAA DUBLIN VWD INC"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="CA"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="FAA DUBLIN VWD INC"/>			
Street Address 1		Street Address 2	
<input type="text" value="5401 East Independence Boulevard"/>		<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001117858"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="FAA HOLDING CORP"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership

CA

Business Trust

Other

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FAA HOLDING CORP

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

000117857

Corporation

Name of Issuer

Limited Partnership

FAA LAS VEGAS H INC

Limited Liability Company

Jurisdiction of Incorporation/Organization

General Partnership

NV

Business Trust

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

Other

2. Principal Place of Business and Contact Information

Name of Issuer

FAA LAS VEGAS H INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

000117855

Corporation

Name of Issuer

Limited Partnership

FAA MARIN F INC

Limited Liability Company

Jurisdiction of Incorporation/Organization

General Partnership

CA

Business Trust

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

Other

2. Principal Place of Business and Contact Information

Name of Issuer

FAA MARIN F INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001117854

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

FAA MARIN LR INC

Jurisdiction of
Incorporation/Organization

CA

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FAA MARIN LR INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001117850

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

FAA POWAY H INC

Jurisdiction of
Incorporation/Organization

CA

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FAA POWAY H INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="000117847"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="FAA SANTA MONICA V INC"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="CA"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="FAA SANTA MONICA V INC"/>			
Street Address 1	Street Address 2		
<input type="text" value="5401 East Independence Boulevard"/>	<input type="text"/>		
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="000117845"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="FAA SERRAMONTE H INC"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="CA"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="FAA SERRAMONTE H INC"/>			
Street Address 1	Street Address 2		
<input type="text" value="5401 East Independence Boulevard"/>	<input type="text"/>		
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="000117844"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="FAA SERRAMONTE L INC"/>		<input type="radio"/> Limited Liability Company

Jurisdiction of
Incorporation/Organization

<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

CA

Year of Incorporation/Organization

- Over Five Years Ago
 Within Last Five Years (Specify Year)
 Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FAA SERRAMONTE L INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

000117842

<input checked="" type="radio"/> Corporation
<input type="radio"/> Limited Partnership
<input type="radio"/> Limited Liability Company
<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

Name of Issuer

FAA STEVENS CREEK INC

Jurisdiction of
Incorporation/Organization

CA

Year of Incorporation/Organization

- Over Five Years Ago
 Within Last Five Years (Specify Year)
 Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FAA STEVENS CREEK INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001171047

<input checked="" type="radio"/> Corporation
<input type="radio"/> Limited Partnership
<input type="radio"/> Limited Liability Company
<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

Name of Issuer

ARNGAR INC

Jurisdiction of
Incorporation/Organization

DE

Year of Incorporation/Organization

- Over Five Years Ago
 Within Last Five Years (Specify Year)
 Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

ARNGAR INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

000117863

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

FAA CONCORD N INC

Jurisdiction of
Incorporation/Organization

CA

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FAA CONCORD N INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

000117851

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

FAA POWAY G INC

Jurisdiction of
Incorporation/Organization

CA

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FAA POWAY G INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="000117849"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="FAA POWAY T INC"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="CA"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="FAA POWAY T INC"/>			
Street Address 1		Street Address 2	
<input type="text" value="5401 East Independence Boulevard"/>		<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="000117848"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="FAA SAN BRUNO INC"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="CA"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="FAA SAN BRUNO INC"/>			
Street Address 1		Street Address 2	
<input type="text" value="5401 East Independence Boulevard"/>		<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="000117843"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="FAA SERRAMONTE INC"/>		<input type="radio"/> Limited Liability Company

Jurisdiction of
Incorporation/Organization

<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

CA

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FAA SERRAMONTE INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001117841

<input checked="" type="radio"/> Corporation
<input type="radio"/> Limited Partnership
<input type="radio"/> Limited Liability Company
<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

Name of Issuer

FAA TORRANCE CPJ INC

Jurisdiction of
Incorporation/Organization

CA

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FAA TORRANCE CPJ INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001264947

<input type="radio"/> Corporation
<input type="radio"/> Limited Partnership
<input checked="" type="radio"/> Limited Liability Company
<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

Name of Issuer

FORT MYERS COLLISION
CENTER LLC

Jurisdiction of
Incorporation/Organization

SC

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FORT MYERS COLLISION CENTER LLC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001177458

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

FRANK PARRA AUTOPLEX
INC

Jurisdiction of
Incorporation/Organization

TX

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FRANK PARRA AUTOPLEX INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001126837

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

HMC FINANCE ALABAMA
INC

Jurisdiction of
Incorporation/Organization

AL

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

HMC FINANCE ALABAMA INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
Charlotte		28212	704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
0001126838		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
L DEALERSHIP GROUP INC		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
TX		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)		
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
L DEALERSHIP GROUP INC			
Street Address 1	Street Address 2		
5401 East Independence Boulevard			
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
Charlotte		28212	704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
0001162906		<input type="radio"/> Corporation
Name of Issuer		<input checked="" type="radio"/> Limited Partnership
PHILPOTT MOTORS LTD		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
TX		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)		
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
PHILPOTT MOTORS LTD			
Street Address 1	Street Address 2		
5401 East Independence Boulevard			
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
Charlotte	NC	28212	704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
000117833		<input checked="" type="radio"/> Corporation

Name of Issuer

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

ROYAL MOTOR CO INC

Jurisdiction of Incorporation/Organization

AL

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

ROYAL MOTOR CO INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

NC

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

000117832

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SANTA CLARA IMPORTED CARS INC

Jurisdiction of Incorporation/Organization

CA

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SANTA CLARA IMPORTED CARS INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

NC

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001126841

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SONIC AUTOMOTIVE WEST LLC

Jurisdiction of Incorporation/Organization

NV

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE WEST LLC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001128642

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SONIC AUTOMOTIVE 1495
AUTOMALL DR COLUMBUS
INC

Jurisdiction of
Incorporation/Organization

NV

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE 1495 AUTOMALL DR COLUMBUS INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

000117827

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SONIC AUTOMOTIVE 3401 N
MAIN TX LP

Jurisdiction of
Incorporation/Organization

TX

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE 3401 N MAIN TX LP

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001071694

Previous Name(s) None

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

Name of Issuer

SONIC AUTOMOTIVE 4000 WEST BROAD ST COLUMBUS INC

Jurisdiction of Incorporation/Organization

OH

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE 4000 WEST BROAD ST COLUMBUS INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001117826

Previous Name(s) None

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

Name of Issuer

SONIC AUTOMOTIVE 4701 I 10 EAST TX LP

Jurisdiction of Incorporation/Organization

TX

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE 4701 I 10 EAST TX LP

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte NC 28212 704-566-2400

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code Phone No. of Issuer

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code Phone No. of Issuer

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

Entity Type

- Corporation

Name of Issuer

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

SONIC BUENA PARK H INC

Jurisdiction of Incorporation/Organization

CA

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC BUENA PARK H INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

000117871

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

AUTOBAHN INC

Jurisdiction of Incorporation/Organization

CA

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

AUTOBAHN INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

000117866

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

FAA BEVERLY HILLS INC

Jurisdiction of Incorporation/Organization

CA

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FAA BEVERLY HILLS INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001117838

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

KRAMER MOTORS INC

Jurisdiction of Incorporation/Organization

CA

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

KRAMER MOTORS INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001071728

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

MARCUS DAVID CORP

Jurisdiction of Incorporation/Organization

NC

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

MARCUS DAVID CORP

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001171039

Name of Issuer

MASSEY CADILLAC INC

Jurisdiction of
Incorporation/Organization

TX

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

MASSEY CADILLAC INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001264951

Name of Issuer

MOUNTAIN STATES
MOTORS CO INC

Jurisdiction of
Incorporation/Organization

SC

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

MOUNTAIN STATES MOTORS CO INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001264959"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="SONIC CAPITOL IMPORTS INC"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="SC"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="SONIC CAPITOL IMPORTS INC"/>			
Street Address 1		Street Address 2	
<input type="text" value="5401 East Independence Boulevard"/>		<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text" value="NC"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001171050"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="SONIC CARSON F INC"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="CA"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="SONIC CARSON F INC"/>			
Street Address 1		Street Address 2	
<input type="text" value="5401 East Independence Boulevard"/>		<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text" value="NC"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001171051"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="SONIC CARSON LM INC"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership

CA

Business Trust

Other

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC CARSON LM INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

NC

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001264969

Corporation

Name of Issuer

Limited Partnership

SONIC DENVER T INC

Limited Liability Company

Jurisdiction of Incorporation/Organization

General Partnership

SC

Business Trust

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

Other

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC DENVER T INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

NC

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001177461

Corporation

Name of Issuer

Limited Partnership

SONIC DENVER VOLKSWAGEN INC

Limited Liability Company

Jurisdiction of Incorporation/Organization

General Partnership

TX

Business Trust

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

Other

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC DENVER VOLKSWAGEN INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001171086

Previous Name(s)

None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SONIC ESTORE INC

Jurisdiction of
Incorporation/Organization

CO

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC ESTORE INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001071699

Previous Name(s)

None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SONIC FORT MILL
CHRYSLER JEEP INC

Jurisdiction of
Incorporation/Organization

SC

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC FORT MILL CHRYSLER JEEP INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001162910"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="SONIC HARBOR CITY H INC"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="CA"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="SONIC HARBOR CITY H INC"/>			
Street Address 1	Street Address 2		
<input type="text" value="5401 East Independence Boulevard"/>	<input type="text"/>		
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text" value="NC"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001264971"/>		<input type="radio"/> Corporation
Name of Issuer		<input checked="" type="radio"/> Limited Partnership
<input type="text" value="SONIC JERSEY VILLIAGE VOLKSWAGEN LP"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="SC"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="SONIC JERSEY VILLIAGE VOLKSWAGEN LP"/>			
Street Address 1	Street Address 2		
<input type="text" value="5401 East Independence Boulevard"/>	<input type="text"/>		
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text" value="NC"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001163503"/>		<input type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="SONIC LS LLC"/>		<input checked="" type="radio"/> Limited Liability Company

Jurisdiction of
Incorporation/Organization

<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

DE

Year of Incorporation/Organization

- Over Five Years Ago
 Within Last Five Years (Specify Year)
 Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC LS LLC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

NC

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001264979

<input type="radio"/> Corporation
<input checked="" type="radio"/> Limited Partnership
<input type="radio"/> Limited Liability Company
<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

Name of Issuer

SONIC LS CHEVROLET LP

Jurisdiction of
Incorporation/Organization

SC

Year of Incorporation/Organization

- Over Five Years Ago
 Within Last Five Years (Specify Year)
 Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC LS CHEVROLET LP

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

NC

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001126844

<input type="radio"/> Corporation
<input type="radio"/> Limited Partnership
<input checked="" type="radio"/> Limited Liability Company
<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

Name of Issuer

**SONIC LAS VEGAS C EAST
LLC**

Jurisdiction of
Incorporation/Organization

NV

Year of Incorporation/Organization

- Over Five Years Ago
 Within Last Five Years (Specify Year)
 Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC LAS VEGAS C EAST LLC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001126845

Previous Name(s)

None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SONIC LAS VEGAS C WEST LLC

Jurisdiction of Incorporation/Organization

NV

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC LAS VEGAS C WEST LLC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001117805

Previous Name(s)

None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SONIC LLOYD NISSAN INC

Jurisdiction of Incorporation/Organization

FL

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC LLOYD NISSAN INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte NC 28212 704-566-2400

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code Phone No. of Issuer

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code Phone No. of Issuer

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

0001071709

Name of Issuer

FORT MILL FORD INC

Jurisdiction of Incorporation/Organization

SC

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

FORT MILL FORD INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001071720

Previous Name(s) None

Entity Type

Name of Issuer

SONIC AUTOMOTIVE OF NASHVILLE LLC

Jurisdiction of Incorporation/Organization

TN

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE OF NASHVILLE LLC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

000117828

Previous Name(s) None

Entity Type

Name of Issuer

SONIC AUTOMOTIVE OF TEXAS LP

Jurisdiction of Incorporation/Organization

TX

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE OF TEXAS LP

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001071689

Previous Name(s) None

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

Name of Issuer

SONIC AUTOMOTIVE 1720 MASON AVE DB INC

Jurisdiction of Incorporation/Organization

FL

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE 1720 MASON AVE DB INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001071690

Previous Name(s) None

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

Name of Issuer

SONIC AUTOMOTIVE 1720 MASON AVE DB LLC

Jurisdiction of Incorporation/Organization

FL

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE 1720 MASON AVE DB LLC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001071706

Previous Name(s) None

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

Name of Issuer

SONIC AUTOMOTIVE 3700 W BROAD ST COLUMBUS INC

Jurisdiction of Incorporation/Organization

FL

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE 3700 W BROAD ST COLUMBUS INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001071708

Previous Name(s) None

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

Name of Issuer

SONIC AUTOMOTIVE 5260 PEACHTREE INDUSTRIAL BLVD LLC

Jurisdiction of Incorporation/Organization

GA

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE 5260 PEACHTREE INDUSTRIAL BLVD LLC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte NC 28212 704-566-2400

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization
 Over Five Years Ago
 Within Last Five Years (Specify Year)
 Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code Phone No. of Issuer

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type Corporation
 Limited Partnership
 Limited Liability Company
 General Partnership
 Business Trust
 Other

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization
 Over Five Years Ago
 Within Last Five Years (Specify Year)
 Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code Phone No. of Issuer

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type Corporation

Name of Issuer

SONIC CARROLLTON V LP

Jurisdiction of Incorporation/Organization

TX

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

<input checked="" type="radio"/> Limited Partnership
<input type="radio"/> Limited Liability Company
<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC CARROLLTON V LP

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001162909

Previous Name(s) None

Entity Type

<input checked="" type="radio"/> Corporation
<input type="radio"/> Limited Partnership
<input type="radio"/> Limited Liability Company
<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

Name of Issuer

SONIC COAST CADILLAC INC

Jurisdiction of Incorporation/Organization

CA

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC COAST CADILLAC INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001162911

Previous Name(s) None

Entity Type

<input type="radio"/> Corporation
<input checked="" type="radio"/> Limited Partnership
<input type="radio"/> Limited Liability Company
<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

Name of Issuer

SONIC HOUSTON V L P

Jurisdiction of Incorporation/Organization

TX

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC HOUSTON V L P

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

000117804

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SONIC LLOYD PONTIAC
CADILLAC INC

Jurisdiction of
Incorporation/Organization

FL

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC LLOYD PONTIAC CADILLAC INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

000117803

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SONIC LUTE RILEY LP

Jurisdiction of
Incorporation/Organization

TX

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC LUTE RILEY LP

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

NC

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

000117802

Name of Issuer

SONIC MANHATTAN
FAIRFAX INC

Jurisdiction of
Incorporation/Organization

VA

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC MANHATTAN FAIRFAX INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

NC

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001071684

Name of Issuer

FRONTIER OLDSMOBILE
CADILLAC INC

Jurisdiction of
Incorporation/Organization

NC

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

FRONTIER OLDSMOBILE CADILLAC INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code Phone No. of Issuer

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years (Specify Year)

Yet to Be Formed

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code Phone No. of Issuer

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

Name of Issuer

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Jurisdiction of
Incorporation/Organization

<input type="radio"/> Business Trust
<input type="radio"/> Other

TN

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE OF CHATTANOOGA LLC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte NC 28212 704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001071685

Sonic Automotive of Tennessee, Inc.

<input checked="" type="radio"/> Corporation
<input type="radio"/> Limited Partnership
<input type="radio"/> Limited Liability Company
<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

Name of Issuer

SONIC AUTOMOTIVE OF NEVADA INC

Jurisdiction of
Incorporation/Organization

NV

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE OF NEVADA INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte NC 28212 704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001071704

<input checked="" type="radio"/> Corporation
<input type="radio"/> Limited Partnership
<input type="radio"/> Limited Liability Company
<input type="radio"/> General Partnership
<input type="radio"/> Business Trust
<input type="radio"/> Other

Name of Issuer

SONIC AUTOMOTIVE 2424 LAURENS RD GREENVILLE INC

Jurisdiction of
Incorporation/Organization

SC

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE 2424 LAURENS RD GREENVILLE INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001071683

Previous Name(s) None

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

Name of Issuer

SONIC AUTOMOTIVE 2490 SOUTH LEE HIGHWAY LLC

Jurisdiction of Incorporation/Organization

TN

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE 2490 SOUTH LEE HIGHWAY LLC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001071682

Previous Name(s) None

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

Name of Issuer

SONIC AUTOMOTIVE 2752 LAVEENS RD GREENVILLE INC

Jurisdiction of Incorporation/Organization

SC

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE 2752 LAVEENS RD GREENVILLE INC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

1. Issuer's Identity

CIK (Filer ID Number)

0001117822

Previous Name(s) None

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

Name of Issuer

SONIC AUTOMOTIVE 9103 E INDEPENDENCE NC LLC

Jurisdiction of Incorporation/Organization

NC

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC AUTOMOTIVE 9103 E INDEPENDENCE NC LLC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001171037

Previous Name(s) None

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

Name of Issuer

SONIC CADILLAC D LP

Jurisdiction of Incorporation/Organization

TX

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC CADILLAC D LP

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte NC 28212 704-566-2400

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code Phone No. of Issuer

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

Name of Issuer

Jurisdiction of Incorporation/Organization

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

Entity Type

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other

2. Principal Place of Business and Contact Information

Name of Issuer

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code Phone No. of Issuer

1. Issuer's Identity

CIK (Filer ID Number) Previous Name(s) None Entity Type

Entity Type Corporation

Name of Issuer

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

SONIC LAKE NORMAN CHRYSLER JEEP LLC

Jurisdiction of Incorporation/Organization

NC

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC LAKE NORMAN CHRYSLER JEEP LLC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

NC

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001177460

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SONIC CALABASAS A INC

Jurisdiction of Incorporation/Organization

TX

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC CALABASAS A INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

NC

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001117820

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SONIC CAMP FORD LP

Jurisdiction of Incorporation/Organization

TX

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC CAMP FORD LP

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001264962

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SONIC CHATTANOOGA D EAST LLC

Jurisdiction of Incorporation/Organization

SC

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC CHATTANOOGA D EAST LLC

Street Address 1

5401 East Independence Boulevard

Street Address 2

City

Charlotte

State/Province/Country

NC

ZIP/Postal Code

28212

Phone No. of Issuer

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

0001264967

Previous Name(s) None

Entity Type

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Name of Issuer

SONIC CLEAR LAKE VOLKSWAGEN LP

Jurisdiction of Incorporation/Organization

SC

Year of Incorporation/Organization

- Over Five Years Ago
- Within Last Five Years (Specify Year)
- Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC CLEAR LAKE VOLKSWAGEN LP

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

NC

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001171085

Name of Issuer

SONIC DOWNEY CADILLAC INC

Jurisdiction of Incorporation/Organization

CO

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC DOWNEY CADILLAC INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

NC

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)

Previous Name(s) None

Entity Type

0001171083

Name of Issuer

SONIC ENGLEWOOD M INC

Jurisdiction of Incorporation/Organization

CO

Corporation

Limited Partnership

Limited Liability Company

General Partnership

Business Trust

Other

Year of Incorporation/Organization

Over Five Years Ago

Within Last Five Years
(Specify Year)

Yet to Be Formed

2. Principal Place of Business and Contact Information

Name of Issuer

SONIC ENGLEWOOD M INC

Street Address 1

Street Address 2

5401 East Independence Boulevard

City

State/Province/Country

ZIP/Postal Code

Phone No. of Issuer

Charlotte

NC

28212

704-566-2400

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001071705"/>		<input checked="" type="radio"/> Corporation
Name of Issuer		<input type="radio"/> Limited Partnership
<input type="text" value="SONIC FORT MILL DODGE INC"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="SC"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="SONIC FORT MILL DODGE INC"/>			
Street Address 1		Street Address 2	
<input type="text" value="5401 East Independence Boulevard"/>		<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text" value="NC"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type
<input type="text" value="0001126829"/>		<input type="radio"/> Corporation
Name of Issuer		<input checked="" type="radio"/> Limited Partnership
<input type="text" value="SONIC FORT WORTH T LP"/>		<input type="radio"/> Limited Liability Company
Jurisdiction of Incorporation/Organization		<input type="radio"/> General Partnership
<input type="text" value="TX"/>		<input type="radio"/> Business Trust
Year of Incorporation/Organization		<input type="radio"/> Other
<input checked="" type="radio"/> Over Five Years Ago		
<input type="radio"/> Within Last Five Years (Specify Year)	<input type="text"/>	
<input type="radio"/> Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
<input type="text" value="SONIC FORT WORTH T LP"/>			
Street Address 1		Street Address 2	
<input type="text" value="5401 East Independence Boulevard"/>		<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
<input type="text" value="Charlotte"/>	<input type="text" value="NC"/>	<input type="text" value="28212"/>	<input type="text" value="704-566-2400"/>

Over 100 Issuers

3. Related Persons

Last Name	First Name	Middle Name
<input type="text" value="Smith"/>	<input type="text" value="O."/>	<input type="text" value="Bruton"/>
Street Address 1	Street Address 2	
<input type="text" value="6415 Idlewild Road"/>	<input type="text" value="Suite 109"/>	

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary)

Last Name First Name Middle Name

Street Address 1 Street Address 2

City State/Province/Country ZIP/Postal Code

Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

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Last Name	First Name	Middle Name
Heller	Robert	

Street Address 1	Street Address 2
6415 Idlewild Road	Suite 109

City	State/Province/Country	ZIP/Postal Code
Charlotte	NC	28212

Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

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Last Name	First Name	Middle Name
Rewey	Robert	L.

Street Address 1	Street Address 2
6415 Idlewild Road	Suite 109

City	State/Province/Country	ZIP/Postal Code
Charlotte	NC	28212

Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

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Last Name	First Name	Middle Name
Vorhoff	David	C.

Street Address 1	Street Address 2
6415 Idlewild Road	Suite 109

City	State/Province/Country	ZIP/Postal Code
Charlotte	NC	28212

Relationship:	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

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Last Name	First Name	Middle Name
Cosper	David	P.

Street Address 1	Street Address 2
6415 Idlewild Road	Suite 109

City	State/Province/Country	ZIP/Postal Code
Charlotte	NC	28212

Relationship:	<input checked="" type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input type="checkbox"/> Promoter
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Clarification of Response (if Necessary)

[Empty text box]

Last Name: First Name: Middle Name:

Street Address 1: Street Address 2:

City: State/Province/Country: ZIP/Postal Code:

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name: First Name: Middle Name:

Street Address 1: Street Address 2:

City: State/Province/Country: ZIP/Postal Code:

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name: First Name: Middle Name:

Street Address 1: Street Address 2:

City: State/Province/Country: ZIP/Postal Code:

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name: First Name: Middle Name:

Street Address 1: Street Address 2:

City: State/Province/Country: ZIP/Postal Code:

Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

4. Industry Group

- Agriculture
- Banking & Financial Services**
 - Commercial Banking
 - Insurance
 - Investing
 - Investment Banking
 - Pooled Investment Fund
 - Other Banking & Financial Services
- Business Services**
 - Energy**
 - Coal Mining
 - Electric Utilities
 - Energy Conservation
 - Environmental Services
 - Oil & Gas
 - Other Energy
- Health Care**
 - Biotechnology
 - Health Insurance
 - Hospitals & Physicians
 - Pharmaceuticals
 - Other Health Care
- Manufacturing**
- Real Estate**
 - Commercial
 - Construction
 - REITS & Finance
 - Residential
 - Other Real Estate
- Retailing**
- Restaurants**
- Technology**
 - Computers
 - Telecommunications
 - Other Technology
- Travel**
 - Airlines & Airports
 - Lodging & Conventions
 - Tourism & Travel Services
 - Other Travel
- Other**

5. Issuer Size

- | | |
|-----------------------------------------------------|----------------------------------------------------|
| Revenue Range | Aggregate Net Asset Value Range |
| <input type="radio"/> No Revenues | <input type="radio"/> No Aggregate Net Asset Value |
| <input type="radio"/> \$1 - \$1,000,000 | <input type="radio"/> \$1 - \$5,000,000 |
| <input type="radio"/> \$1,000,001 - \$5,000,000 | <input type="radio"/> \$5,000,001 - \$25,000,000 |
| <input type="radio"/> \$5,000,001 - \$25,000,000 | <input type="radio"/> \$25,000,001 - \$50,000,000 |
| <input type="radio"/> \$25,000,001 - \$100,000,000 | <input type="radio"/> \$50,000,001 - \$100,000,000 |
| <input checked="" type="radio"/> Over \$100,000,000 | <input type="radio"/> Over \$100,000,000 |
| <input type="radio"/> Decline to Disclose | <input type="radio"/> Decline to Disclose |
| <input type="radio"/> Not Applicable | <input type="radio"/> Not Applicable |

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

<input type="checkbox"/>	Rule 504(b)(1) (not (i), (ii) or (iii))	<input type="checkbox"/>	Rule 505
<input type="checkbox"/>	Rule 504 (b)(1)(i)	<input type="checkbox"/>	Rule 506(b)
<input type="checkbox"/>	Rule 504 (b)(1)(ii)	<input type="checkbox"/>	Rule 506(c)
<input type="checkbox"/>	Rule 504 (b)(1)(iii)	<input type="checkbox"/>	Securities Act Section 4(a)(5)
<input type="checkbox"/>		<input type="checkbox"/>	Investment Company Act Section 3(c)

7. Type of Filing

- New Notice Date of First Sale First Sale Yet to Occur
- Amendment

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? Yes No

9. Type(s) of Securities Offered (select all that apply)

- Pooled Investment Fund Interests
- Equity
- Tenant-in-Common Securities
- Debt
- Mineral Property Securities
- Option, Warrant or Other Right to Acquire Another Security
- Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
- Other (describe)

10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary)

11. Minimum Investment

Minimum investment accepted from any outside investor \$ USD

12. Sales Compensation

Recipient	Recipient CRD Number	<input checked="" type="checkbox"/> None
<input type="text" value="None"/>	<input type="text"/>	
(Associated) Broker or Dealer	(Associated) Broker or Dealer CRD Number	<input type="checkbox"/> None
<input type="text" value="Moelis & Company LLC"/>	<input type="text" value="145115"/>	
Street Address 1	Street Address 2	
<input type="text" value="245 Park Avenue"/>	<input type="text"/>	
City	State/Province/Country	ZIP/Postal Code
<input type="text" value="New York"/>	<input type="text" value="NY"/>	<input type="text" value="10167"/>
State(s) of Solicitation	<input checked="" type="checkbox"/> All States <input type="checkbox"/> Foreign/Non-US	

13. Offering and Sales Amounts

Total Offering Amount \$ USD Indefinite
Total Amount Sold \$ USD
Total Remaining to be Sold \$ USD Indefinite

Clarification of Response (if Necessary)

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ USD Estimate
 Finders' Fees \$ USD Estimate

Clarification of Response (if Necessary)

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ USD Estimate

Clarification of Response (if Necessary)

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

I also am a duly authorized representative of the other identified issuer(s) in Item 1 above and authorized to sign on their behalf.

All Issuers	Signature	Name of Signer	Title	Date
Sonic Automotive, Inc.	/s/ David P. Cospier	David P. Cospier	Vice President and Treasurer	2009-05-13