



FILED
May 14, 2007 8:00 am
Secretary of State

04-23-2007 90376 040 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

47.

JUUU / 000

DOCUMENT # L02000015384			
1. Entity Name USA FLEA MARKET, L.L.C.			
Principal Place of Business 11721 U.S. HIGHWAY 19 PORT RICHEY, FL 34668		Mailing Address 11721 U.S. HIGHWAY 19 PORT RICHEY, FL 34668	
2. Principal Place of Business - No P.O. Box # 8756 Kipling Ave Suite, Apt. #, etc.		3. Mailing Address 8756 Kipling Ave Suite, Apt. #, etc.	
City & State Hudson, FL		City & State Hudson, FL	
Zip 34667		Country USA	
4. FEI Number 01-0734168		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAHAMSON, MARK 8756 KIPLING AVE. HUDSON, FL 34667		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAM INVESTMENTS, LLC 8756 KIPLING AVE. HUDSON, FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Sunrise Development P.O. Box 12713 Minot, ND 58702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Airport Retail, LLC 111 E. Sericho, TAKE 2nd Mineola, NY 11501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Gulfport Plaza Inc 1311 - Forestedge Blvd Oldsmar, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 4/20/07 (727) 862-8156	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	