


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000015384
 1. Entity Name
USA FLEA MARKET, L.L.C.



Principal Place of Business 8756 KIPLING AVE HUDSON, FL 34667	Mailing Address 8756 KIPLING AVE HUDSON, FL 34667
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DO NOT WRITE IN THIS SPACE



04192008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 01-0734168	Applied For 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

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAM INVESTMENTS, LLC 8756 KIPLING AVE. HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUNRISE DEVELOPMENT PO BOX 1273 MINOT, ND 58702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AIRPORT RETAIL LLC 111 E JERICHO TPKE 2ND FLR MINEOLA, NY 11501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GULFPORT PLAZA INC 1311 FORESTEDGE BLVD OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000917059
 05/13/08-80026-002 138.75

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: Mark Abrahamson 4/19/08 727 862-8156
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #