

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90002 020 \*\*\*\*50.00

DOCUMENT # L02000015384



1. Entity Name  
**USA FLEA MARKET, L.L.C.**

Principal Place of Business Mailing Address  
11721 U.S. HIGHWAY 19 11721 U.S. HIGHWAY 19  
PORT RICHEY FL 34668 PORT RICHEY FL 34668

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **01-0734168** Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARSENAULT, KENNETH G JR.**  
**ARSENAULT & REARDON, P.A.**  
**10225 ULMERTON RD., STE. 2**  
**LARGO FL 33771**

Name **Mark Abrahamson**  
Street Address (P.O. Box Numbers Not Acceptable) **8756 Kipling Ave**  
City **Hudson** FL Zip Code **34667**

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 *Mark Abrahamson* **Mark Abrahamson** 1/9/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	<b>MGRM</b>			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	<b>RAM INVESTMENTS, LLC</b>									
	<b>8756 KIPLING AVE.</b>									
	<b>HUDSON FL 34667</b>									
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **Mark Abrahamson** 1/9/03 862-3583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)