

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**



04192008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**ABRAHAMSON, MARK
8756 KIPLING AVE.
HUDSON, FL 34667**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

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

000000917059
05/13/08-80026-002 138.75

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/19/08 727
Date Daytime Phone #
862-8156