2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000030346

1. Entity Name
AIRPORT RETAIL, LLC



FILED Jan 12, 2007 08:00 AN Secretary of State

Principal Place of Business

111 EAST IERICHO TURNPIKE 2ND FLOOR MINEOLA, NY 11501 Mailing Address

111 EAST JERICHO TURNPIKE 2ND FLOOR MINEOLA, NY 11501



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 43-1982714 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

USA FLEA MARKET, L.L.C. 11721 US HIGHWAY 19 PORT RICHEY, FL 34668

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PORT RICHEY, FL 34668		IN THIS SPACE		
	named entity submits this statement for the purpose of chanions of registered agent.	ging its registered office or registered agent, or b	oth, in the State of Florida. I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE	ा। प्रमुख्
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALEKAN, ESHAGH 111 EAST JERICHO TURNPIKE, 2ND FLOOR MINEOLA, NY 11501			er e e e e e e e e e e e e e e e e e e
ITILE NAME STREET ADDRESS CMY-SI-ZIP TITLE NAME			U00000584772 01/12/07-80052-009	50.00
STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
11. I hereby of indicated limited liai	certify that the information supplied with this filing does not on this report is true and accurate and that my signature shallful company or the repeiver or trusted perpowered to exer	qualify for the exemptions contained in Chapter to all have the same legal effect as if made under oute this report as required by Chapter 608, Flori	19, Florida Statutes, I further certify the certify the certify that I am a managing member of da Statutes.	at the information r manager of the

d liability company or the regeiver or trusted approvered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED ON PRINTED HAME OKSIENING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ESH R. 9. H. M. R.L.E.K.R. N.

SIGNATURE:

Daudima Dinner