


FILED
May 21, 2007 8:00 am
Secretary of State

04-27-2007 90022 038 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

30008431

DOCUMENT # L06000069470			
1. Entity Name BEST PRICE VARIETY, LLC			
Principal Place of Business 5118 CR 218 MIDDLEBERG, FL 32068		Mailing Address 6603 WOODLAND DRIVE KEYSTONE HEIGHTS, FL 32656	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5118 CR 218	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Middleburg, FL 32068	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUOT, MADORAN 6603 WOODLAND DRIVE KEYSTONE HEIGHTS, FL 32656		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> 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 HUOT, MADORAN 6603 WOODLAND DRIVE KEYSTONE HEIGHTS, FL 32656 <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 HUON, CHIEM 6603 WOODLAND DRIVE KEYSTONE HEIGHTS, FL 32656 <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
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: <u>Kadron Huot, Madoran Huot</u>		Date: <u>4/18/07</u> (904) 291-6353	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	



02092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5195025 Applied For Not Applicable

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