2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000069470

BEST PRICE VARIETY, LLC



FILED Apr 18, 2008 08:00 Al Secretary of State

Fee Required

Principal Place of Business

5118 CR 218

CITY-ST-ZIP

NAME STREET ADDRESS CITY - ST - ZIP

MIDDLEBERG, FL 32068

Mailing Address

5118 CR 218

MIDDLEBERG, FL 32068



DO NOT WRITE IN THIS SPACE

01142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number		A	pplied For
20-5195025		10	ot Applicable
5. Certificate of Status Desired	П	\$5.00 Ad	ditional

6. Name and Address of Current Registered Agent

HUOT, MADORAN 6603 WOODLAND DRIVE KEYSTONE HEIGHTS, FL 32656 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)	OATE				
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		######################################				
9.	 MANAGING MEMBERS/MANAGERS 	*					
TITLE	MGRM						
NAME	HUOT, MADORAN						
STREET ADDRESS	6603 MOODI AND DRIVE						

KEYSTONE HEIGHTS, FL. 32656 MGRM TITLE HUON, CHIEM NAME STREET ADDRESS 6603 WOODLAND DRIVE CITY - ST - ZIP KEYSTONE HEIGHTS, FL. 32656 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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:	Cadoran	Hust	Madoran	Huot
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Daytime Phone #