

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B05000000382

1. Entity Name
BEST BUY STORES, L.P.



FILED

06 MAY -1 AM 8:51

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



Principal Place of Business
**7601 PENN AVENUE SOUTH
RICHFIELD, MN 55423**

Mailing Address
**7601 PENN AVENUE SOUTH
RICHFIELD, MN 55423**

2. Principal Place of Business

3. Mailing Address

PO Box 9312 (Attn: Tax Dept.)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172006

Chg-LP

CR2E003 (11/05)

City & State

City & State

Minneapolis MN

4. FEI Number

41-1822872

Applied For

Not Applicable

Zip

Country

Zip

Country

55440

Minneapolis

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F95000005904**
NAME **BBC PROPERTY CO.**
STREET ADDRESS **7601 PENN AVENUE SOUTH**
CITY-ST-ZIP **RICHFIELD, MN 55423**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500075012945
05/22/06--01007--008 **500.00**

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

G. Michael Tilton

G. Michael Tilton 4/17/06 48291-48292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

STATE OF FLORIDA