

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027075

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** BEST BUY INVESTMENTS LLC

**Current Principal Place of Business:**

3801 SOUTH OCEAN DR  
APT 15-U  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

3001 SOUTH OCEAN DR  
APT 1145  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

3801 SOUTH OCEAN DR  
APT 15-U  
HOLLYWOOD, FL 33019

**New Mailing Address:**

3001 SOUTH OCEAN DR  
APT 1145  
HOLLYWOOD, FL 33019

**FEI Number:** 13-4258472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOUISADAT, STEPHANE  
3801 SOUTH OCEAN DR  
APT 15-U  
HOLLYWOOD, FL 33019 US

**Name and Address of New Registered Agent:**

LOUISADAT, STEPHANE  
3001 SOUTH OCEAN DR  
APT 1145  
HOLLYWOOD, FL 33019 US

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.

SIGNATURE: STEPHANE LOUISADAT

04/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOUISADAT, STEPHANE  
Address: 3801 SOUTH OCEAN DR  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOUISADAT, STEPHANE  
Address: 3001 SOUTH OCEAN DR APT 1145  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHANE LOUISADAT

MGRM

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date