

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002368

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: BEST BUY AUTOS OF GULF BREEZE, LLC

**Current Principal Place of Business:**

2720-A GULF BREEZE PARKWAY  
#7  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

2722 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 US

**Current Mailing Address:**

5943 W. SHORE DRIVE  
PENSACOLA, FL 32526 US

**New Mailing Address:**

FEI Number: 59-3777003      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

STURGEN, WILLIAM M JR.  
2253 COUNTRY PLACE CIRCLE  
PENSACOLA, FL 32534 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SISTRUNK, JAMES W  
Address: 5943 W. SHORE DRIVE  
City-St-Zip: PENSACOLA, FL 32526 US

Title: MGRM (X) Delete  
Name: MITCHELL, RONALD H JR.  
Address: 6340 POTOSI WAY  
City-St-Zip: PENSACOLA, FL 32504 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES W. SISTRUNK      MGRM      01/11/2006

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