

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90262 006 ****50.00

DOCUMENT # L05000025579					
1. Entity Name GREAT BUYS LLC.					
Principal Place of Business 4102 WEST SEVILLA ST TAMPA FLA, 33629 <i>620 S. MacDill Ave</i>			Mailing Address 4102 WEST SEVILLA ST TAMPA FLA, 33629 <i>620 S. MacDill Ave</i>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. <i>Tampa, FL 336</i>			Suite, Apt. #, etc. <i>Tampa, FL</i>		
City & State			City & State		
Zip <i>33609</i>		Country <i>USA</i>		Zip <i>33609</i>	
Country <i>USA</i>		4. FEI Number <i>Need # + Sales tax #</i>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STEWART, JUDITH 4102 WEST SEVILLA ST TAMPA FLA, FL 33629			7. Name and Address of New Registered Agent Name <i>ART and Home</i> Street Address (P.O. Box Number is Not Acceptable) <i>620 South MacDill Ave</i> City <i>Tampa FL</i> FL <i>33609</i>		
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 <i>Steven Sanet</i> <i>[Signature]</i> <i>3/7/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANET, STEVEN 4102 WEST SEVILLA ST TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Steven Sanet 620 S. MacDill Ave Tampa FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEWART, JUDITH 4102 WEST SEVILLA ST TAMPA, FL 33629	<input checked="" 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
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: <i>[Signature]</i> <i>Steven Sanet</i> <i>3/7/06</i> <i>813-875-4663</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					