## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2007 08:00 A Secretary of State

ANNUAL REPORT				Secretary of S	
DOCUMENT # M0200001100  1. Entity Name BESTBUY.COM, LLC					cretary or s
BESTBU	T.COIVI, ELC				
	ce of Business	Mailing Address	<u> </u>	-	
7601 PENN Richfield, I	AVE. S., TAX DEPT. MN 55423	PO BOX 9312, TAX DEPT. MINNEAPOLIS, MN 55440			
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DO NOT WRITE IN THIS SPA			CE	04062007 No Chg-LLC CR	2E083 (11/05)
L-	O NOI WAL	IL IN THIS SPA	CE .	4. FEI Number 41-1953804	Applied For Not Applicable
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent		as I	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE			. *	DO NOT WRIT	E.
SUITE 4 WESTON, FL 33331				IN THIS SPAC	E
					6. C. C. C.
8. The above the obligat	named entity submits this statem tions of registered agent.	nent for the purpose of changing its registere	ed office or register	red agent, or both, in the State of Florida. I a	am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registeral	d agent and title if applicable (NOTE: Registere	d Agent signature required	t when (Sinstating) DAY	F
F	iling Fee is \$50.00 ue by May 1, 2007			<del></del>	<del>07409</del> 0076-018 <b>50.</b> 00
9.	MANAGING M	EMBERS/MANAGERS	<u> </u>		
TITLE NAME	MGRM BEST BUY STORES LP				
STREET ADDRESS	7075 FLYING CLOUD DRIV	/E			
CITY-ST-ZIP	EDEN PRAIRIE, MN 55344				
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TITLE NAME			ļ.,		

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

SINATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE VP of TANK Dayson Phone #