


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000005488 1. Entity Name BEST BUY DIRECT, LLC	
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Principal Place of Business 7601 PENN AVENUE SOUTH RICHFIELD, MN 55423	Mailing Address 7601 PENN AVENUE SOUTH RICHFIELD, MN 55423
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04172006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1658896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, BRADBURY H 7601 PENN AVENUE SOUTH RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENZMEIER, ALLEN U 7601 PENN AVENUE SOUTH RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACKSON, DARREN R 7601 PENN AVENUE SOUTH RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TILTON, G. MICHAEL 7601 PENN AVE S RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/06/06-80036-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *G. Michael Tilton* *G. Michael Tilton* *Pro Tax* *4/17/06* *122-291-481*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #