


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000000708</b> 1. Entity Name <b>BEST BUY GOV, LLC</b>	
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Principal Place of Business <b>7601 PENN AVENUE SOUTH RICHFIELD, MN 55423</b>	Mailing Address <b>PO BOX 9312 ATTN : TAX MINNEAPOLIS, MN 55440</b>
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**DO NOT WRITE IN THIS SPACE**



04062007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>41-2140943</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000708749  
04/24/07-80125-025 50.00

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 JOYCE, JOSEPH M 7601 PENN AVENUE SOUTH RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBINSON, RYAN D 7601 PENN AVENUE SOUTH RICHFIELD, MN 55423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TILTON, MIKE 7601 PENN AVENUE SOUTH RICHFIELD, MN 55423

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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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** G. Michael Tilton G. Michael Tilton 4/6/07 612-291-4911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE VP of TAX Date Daytime Phone #