

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 05, 2009  
Secretary of State**

DOCUMENT# L07000079948

Entity Name: H & H MOBILE HOMES, L.L.C.

**Current Principal Place of Business:**

3305 COUNTY HIGHWAY 1883  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

**Current Mailing Address:**

4025 RESERVE POINT  
COLORADO SPRINGS, CO 80904

**New Mailing Address:**

FEI Number: 26-0672722      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

DAVIS, MARK D  
694 BALDWIN AVENUE  
SUITE 1  
DEFUNIAK SPRINGS, FL 32435 US

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: MARK D. DAVIS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: HAGAN, ARTHUR S  
Address: 4025 RESERVE POINT  
City-St-Zip: COLORADO SPRINGS, CO 80904

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

Title: MGRM ( ) Delete  
Name: HAGAN, SALLY B  
Address: 4025 RESERVE POINT  
City-St-Zip: COLORADO SPRINGS, CO 80904

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

I hereby certify that the information supplied with this filing does not qualify 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: ARTHUR S. HAGAN

MGRM

10/05/2009

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