

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006960

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** VALUE PLACE PENSACOLA DETROIT LLC

**Current Principal Place of Business:**

8621 E. 21ST STREET NORTH  
SUITE 250  
WICHITA, KS 67206

**New Principal Place of Business:**

**Current Mailing Address:**

8621 E. 21ST STREET NORTH  
SUITE 250  
WICHITA, KS 67206

**New Mailing Address:**

**FEI Number:** 20-5904358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VALUE PLACE, LLC  
Address: 8621 E. 21ST STREET NORTH, STE. 250  
City-St-Zip: WICHITA, KS 67206

Title: PRES  
Name: DEBOER, JACK P  
Address: 8621 EAST 21ST ST NORTH, SUITE 250  
City-St-Zip: WICHITA, KS 67206

Title: CEO  
Name: KOSSOVER, GREG H  
Address: 8621 EAST 21ST ST NORTH, STE 250  
City-St-Zip: WICHITA, KS 67206

Title: CFO  
Name: AUER, KAY  
Address: 8621 EAST 21ST ST NORTH, STE 250  
City-St-Zip: WICHITA, KS 67206

Title: AS  
Name: JANTZEN, KEVIN  
Address: 8621 EAST 21ST ST NORTH, STE 250  
City-St-Zip: WICHITA, KS 67206

I hereby 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: KAY AUER

CFO

04/12/2010

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