

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M07000003105

**FILED**  
**Dec 13, 2009**  
**Secretary of State****Entity Name:** VALUE MANUFACTURED HOMES, LLC**Current Principal Place of Business:**70 OLD STONEFIELD WAY  
PITTSFORD, NY 14534**New Principal Place of Business:****Current Mailing Address:**70 OLD STONEFIELD WAY  
PITTSFORD, NY 14534**New Mailing Address:****FEI Number:** 16-1572770**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301 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:** MGRM ( ) Delete  
**Name:** BURNHAM, CATHLEEN  
**Address:** 70 OLD STONEFIELD WAY  
**City-St-Zip:** PITTSFORD, NY 14534**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES:****Title:** PRES (X) Change ( ) Addition  
**Name:** BURNHAM, CATHLEEN  
**Address:** 70 OLD STONEFIELD WAY  
**City-St-Zip:** PITTSFORD, NY 14534**Title:** VP ( ) Change (X) Addition  
**Name:** BURNHAM, KENNETH  
**Address:** 70 OLD STONEFIELD WAY  
**City-St-Zip:** PITTSFORD, NY 14534

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: KENNETH C BURNHAM

VP

12/13/2009

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