

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001100

Entity Name: SRS INVESTMENTS, LLC

FILED
Mar 02, 2007
Secretary of State

Current Principal Place of Business:

2 NORTH TAMIAMI TRAIL, SUITE 300
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

2 NORTH TAMIAMI TRAIL, SUITE 300
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 13-4293380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: STANTON HODLINGS, LL, C
Address: 2 NORTH TAMIAMI TRAIL, SUITE 300
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: NJR HOLDINGS, LLC,
Address: 2 NORTH TAMIAMI TRAIL, SUITE 300
City-St-Zip: SARASOTA, FL 34236

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: BC FUND 1, LLC,
Address: 4717 GRAND AVE SUITE 500
City-St-Zip: KANSAS CITY, MO 64112

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWIN M STANTON

MGRM

03/02/2007

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