

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006895

FILED  
Feb 27, 2009  
Secretary of State

Entity Name: JERIT CS FUND I, LLC

**Current Principal Place of Business:**

30 W. PERSHING ROAD  
SUITE 201  
KANSAS CITY, MO 64108

**New Principal Place of Business:**

**Current Mailing Address:**

30 W. PERSHING ROAD  
SUITE 201  
KANSAS CITY, MO 64108

**New Mailing Address:**

FEI Number: 35-2296092      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 ( ) Delete  
Name: BRAIN, DAVID M  
Address: 30 W. PERSHING ROAD, SUITE 201  
City-St-Zip: KANSAS CITY, MO 64108

Title: MGR ( ) Delete  
Name: SILVERS, GREGORY K  
Address: 30 W. PERSHING ROAD, SUITE 201  
City-St-Zip: KANSAS CITY, MO 64108

Title: PRES (X) Delete  
Name: BRAIN, DAVID M  
Address: 30 W. PERSHING ROAD, SUITE 201  
City-St-Zip: KANSAS CITY, MO 64108

Title: SECY (X) Delete  
Name: SILVERS, GREGORY K  
Address: 30 W. PERSHING ROAD, SUITE 201  
City-St-Zip: KANSAS CITY, MO 64108

Title: TRES (X) Delete  
Name: PETERSON, MARK A  
Address: 30 W. PERSHING ROAD, SUITE 201  
City-St-Zip: KANSAS CITY, MO 64108

Title: VP (X) Delete  
Name: HIRONS, MICHAEL L  
Address: 30 W. PERSHING ROAD, SUITE 201  
City-St-Zip: KANSAS CITY, MO 64108

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BRAIN, DAVID  
Address: 30 W. PERSHING ROAD, SUITE 201  
City-St-Zip: KANSAS CITY, MO 64108

Title: MGR (X) Change ( ) Addition  
Name: SILVERS, GREGORY  
Address: 30 W. PERSHING ROAD, SUITE 201  
City-St-Zip: KANSAS CITY, MO 64108

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

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

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

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: GREGORY K. SILVERS

MGR

02/27/2009

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