

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001610

FILED
Jan 24, 2005
Secretary of State

Entity Name: PRIMARY CAPITAL ADVISORS LC

Current Principal Place of Business:

2060 MT. PARAN ROAD, SUITE 101
ATLANTA, GA 30327

New Principal Place of Business:

Current Mailing Address:

2060 MT. PARAN ROAD, SUITE 101
ATLANTA, GA 30327

New Mailing Address:

FEI Number: 58-2119340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, TODD
200 SOUTH ORANGE AVE., SUITE 1970
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JENNIFER AULTMAN-ASSISTANT SECRETARY

01/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PENDLETON, WILLIAM B
Address: 2060 MT. PARAN ROAD, SUITE 101
City-St-Zip: ATLANTA, GA 30327

Title: MGR () Delete
Name: THOMPSON, FARON G
Address: 2060 MT. PARAN ROAD, SUITE 101
City-St-Zip: ATLANTA, GA 30327

Title: MGR () Delete
Name: PHELPS, GEORGE S
Address: 2100 RIVEREDGE PARKWAY, SUITE 950
City-St-Zip: ATLANTA, GA 30328

Title: MGR () Delete
Name: HOLMES, DAVID
Address: 2100 RIVEREDGE PARKWAY, SUITE 950
City-St-Zip: ATLANTA, GA 30328

Title: MGR () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

Title: MGR () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

ADDITIONS/CHANGES:

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:

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 for the exemption stated in Section 119.07(3)(i), 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: GEORGE S. PHELPS

MGR

01/24/2005

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