2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

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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:

2100 RIVEREDGE PARKWAY
ST. 950
ATLANTA, GA 30328

Current Mailing Address:

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

New Mailing Address:

2100 RIVEREDGE PARKWAY
ST. 950
ATLANTA, GA 30328

FEI Number: 58-2119340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT 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:	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:	MEMB	(X) Change ( ) Addition
Name:	PENDLETON, WILLIAM B	
Address:	2060 MT. PARAN ROAD, SUITE 101	
City-St-Zip:	ATLANTA, GA 30327	
Title:	MEMB	(X) Change ( ) Addition
Name:	THOMPSON, FARON G	
Address:	2060 MT. PARAN ROAD, SUITE 101	
City-St-Zip:	ATLANTA, GA 30327	
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 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: DAVID J HOLMES MGR 01/16/2007

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