

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001610

FILED
Jan 28, 2009
Secretary of State

Entity Name: PRIMARY CAPITAL ADVISORS LC

Current Principal Place of Business:

1000 PARKWOOD CIRCLE
ST. 600
ATLANTA, GA 30339

New Principal Place of Business:

Current Mailing Address:

1000 PARKWOOD CIRCLE
ST. 600
ATLANTA, GA 30339

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:

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

Title: MEMB () 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: 1000 PARKWOOD CIRCLE, ST. 600
City-St-Zip: ATLANTA, GA 30339

Title: MGR () Delete
Name: HOLMES, DAVID J
Address: 1000 PARKWOOD CIRCLE, ST. 600
City-St-Zip: ATLANTA, GA 30339

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 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

01/28/2009

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