

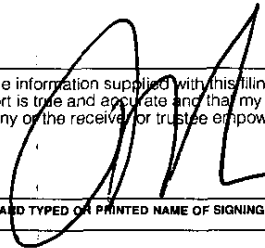


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90011 040 ****50.00

DOCUMENT # L02000013713					
1. Entity Name CAPTRUST ADVISORS, L.L.C.					
Principal Place of Business 102 WEST WHITING STREET, SUITE 600 TAMPA, FL 33602-5140			Mailing Address 102 WEST WHITING STREET, SUITE 600 TAMPA, FL 33602-5140		
2. Principal Place of Business (Same) 102 West Whiting Street		3. Mailing Address (Same) 102 West Whiting Street			
Suite, Apt. #, etc. Suite 600		Suite, Apt. #, etc. Suite 600			
City & State Tampa, Florida		City & State Tampa, Florida			
Zip 33602		Country U.S.		4. FEI Number 45-0479693	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GIBBONS, GARY A 3321 HENDERSON BOULEVARD TAMPA, FL 33609			7. Name and Address of New Registered Agent Name (Same) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBSON, ROGER E 2501 BRISTOL AVE. TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	No Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, SAMUEL L JR 4403 DALE AVE TAMPA, FL 336093706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	No Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAILEY, ERIC W 2821 WEST BAY AVE TAMPA, FL 33611		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address Change: 371 Channelside Walkway #303 Tampa, FL 33602-6764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 			/Roger E. Robson		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 07/06/2004 (813) 218-5000		