

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90086 007 ****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

102 W. Whiting St., Ste 600
Suite, Apt. #, etc.

3. Mailing Address

102 W. Whiting St., Ste 600
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

45-0479693

Applied For

Not Applicable

Zip

33602

Country

U.S.

Zip

33602

Country

U.S.

5. Certificate of Status Desired ☐

\$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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ROBSON, ROGER E ☐ Delete
STREET ADDRESS 2501 BRISTOL AVE.
CITY-ST-ZIP TAMPA FL 33609

TITLE MGR
NAME PERRY, SAMUEL L JR ☐ Delete
STREET ADDRESS 4403 DALE AVE
CITY-ST-ZIP TAMPA FL 33609-3706

TITLE MGR
NAME BAILEY, ERIC W ☐ Delete
STREET ADDRESS 371 CHANNELSIDE WALKWAY #303
CITY-ST-ZIP TAMPA FL 33602

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Roger E. Robson

4/22/05

813-218-5000

Date

Daytime Phone #