

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006343

FILED
Mar 27, 2008
Secretary of State

Entity Name: COGDELL SPENCER ADVISORS, LLC

Current Principal Place of Business:

2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON, DE 19808

New Principal Place of Business:

4401 BARCLAY DOWNS DRIVE
SUITE 300
CHARLOTTE, NC 28209

Current Mailing Address:

2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON, DE 19808

New Mailing Address:

4401 BARCLAY DOWNS DRIVE
SUITE 300
CHARLOTTE, NC 28209

FEI Number: 20-3755058

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: SPENCER, FRANK C
Address: 4401 BARCLAY DOWNS DRIVE, SUITE 300
City-St-Zip: CHARLOTTE, NC 28209

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: HANDY, CHARLES M MR.
Address: 4401 BARCLAY DOWNS DRIVE, SUITE 300
City-St-Zip: CHARLOTTE, NC 28209

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: CHARLES M. HANDY

MNG

03/27/2008

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