2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# M06000001225

Entity Name: MOORS & CABOT FINANCIAL ADVISORS, LLC

Current Principal Place of Business:

111 DEVONSHIRE STREET
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

111 DEVONSHIRE STREET
BOSTON, MA 02109

New Mailing Address:

FEI Number: 20-0869982 **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: MGRM ( ) Delete
Name: JOYCE, DANIEL
Address: 111 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: MGRM ( ) Delete
Name: FOLEY, BRIAN T
Address: 111 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: MGRM ( ) Delete
Name: HILDRETH, MICHAEL
Address: 111 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: MGRM ( ) Delete
Name: MANNING, L. MIDGE
Address: 111 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: BRAUN, MICHAEL
Address: 111 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

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

Title: MGRM (X) Change ( ) Addition
Name: MANNING, LILLIAN
Address: 111 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

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: LILLIAN MANNING MGRM 04/18/2008

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