

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003496

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** UNITED CAPITAL FINANCIAL ADVISERS LLC

**Current Principal Place of Business:**

500 NEWPORT CENTER DRIVE  
SUITE 200  
NEWPORT BEACH, CA 92660

**New Principal Place of Business:**

**Current Mailing Address:**

500 NEWPORT CENTER DRIVE  
SUITE 200  
NEWPORT BEACH, CA 92660

**New Mailing Address:**

**FEI Number:** 20-1847610

**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  
**Name:** ROTH, GARY L  
**Address:** 500 NEWPORT CENTER DRIVE, STE 200  
**City-St-Zip:** NEWPORT BEACH, CA 92660

**Title:** MGR  
**Name:** WESTMAN, CARYN L  
**Address:** 500 NEWPORT CENTER DRIVE, STE 200  
**City-St-Zip:** NEWPORT BEACH, CA 92660

**Title:** MGR  
**Name:** DURAN, JOSEPH J  
**Address:** 500 NEWPORT CENTER DRIVE, STE 200  
**City-St-Zip:** NEWPORT BEACH, CA 92660

I hereby 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:** CARYN L. WESTMAN

S

04/04/2011

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