



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2006

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 118225		2. Exact name of the limited liability company The Financial Architects Partners, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Design & Fund Financial Plans			
5. Principal office address 800 Boylston Street, Suite 3010		City Boston	State MA	Zip 02199	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Darlene Hrankaj			Contact Title 401(k) Administrator		
Street Address 500 W. Madison Street, Suite 2400		City Chicago	State IL	Zip 60661	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Richard Worrell			Manager Name David J. Carroll		
Street Address 800 Boylston Street, Suite 3010			Street Address 800 Boylston Street, Suite 3010		
City Boston	State MA	Zip 02199	City Boston	State MA	Zip 02199
Manager Name David W. Freeley			Manager Name Robert S. Zuccaro		
Street Address 800 Boylston Street, Suite 3010			Street Address 340 Madison Avenue, 19th Floor		
City Boston	State MA	Zip 02199	City New York	State NY	Zip 10173
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

118225

FILED

File Date	DEC 31 2008
Check No.	By <u>DS</u> <u>1/13</u>
By:	<u>070089</u>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Lori M. Lieser 12/29/08  
Signature of Authorized Person Date  
Lori M. Lieser  
Print or Type Name of Authorized Person