

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002291

Entity Name: THE COLONY GROUP, LLC

FILED  
Jan 04, 2007  
Secretary of State

**Current Principal Place of Business:**

2 ATLANTIC AVENUE  
BOSTON, MA 02110

**New Principal Place of Business:**

**Current Mailing Address:**

2 ATLANTIC AVENUE  
BOSTON, MA 02110

**New Mailing Address:**

FEI Number: 04-3542399

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BERKOWITZ, IAN M ESQ.  
2385 EXECUTIVE CENTER DRIVE, SUITE 190  
BOCA RATON, FL 33431 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: HAMILTON, KIRBY A  
Address: 2 ATLANTIC AVENUE  
City-St-Zip: BOSTON, MA 02110

Title: MGR ( ) Delete  
Name: NATHANSON, MICHAEL J  
Address: 2 ATLANTIC AVENUE  
City-St-Zip: BOSTON, MA 02110

Title: MGR ( ) Delete  
Name: SADLER, STEPHEN T  
Address: 2 ATLANTIC AVENUE  
City-St-Zip: BOSTON, MA 02110

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J. NATHANSON

MGR

01/04/2007

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