

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002291

Entity Name: THE COLONY GROUP, LLC

FILED
Apr 02, 2008
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 ()

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:

BERKOWITZ, IAN M ESQ.
2101 NW CORPORATE BLVD
SUITE 300
BOCA RATON, FL 33431 US

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:

04/02/2008

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 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

04/02/2008

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