FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

B97000000500

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 30 PM 4:17

1. Name of Limited Partnership

Colonial Management Group, L.P.

1a. DOCUMENT #
B97000000500

Mailing Address	Principal Office Address
70 Main Street New Canaan, CT 06840	70 Main Street New Canaan, CT 06840

3. Date Formed or Registered: 7/31/97

3a. Date of Last Report: 9/16/97

4. State or Country of Formation: Delaware

5a. Capital Contributions as Shown on record.
$14,737,378.79
~~$26,517,313.80~~

5b. Amount of Capital Contributions in FLORIDA to date
$14,737,378.79

2. Mailing Address	2a. Principal Office Address
70 Main Street	70 Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
New Canaan, CT 06840	New Canaan, CT 06840
City & State	City & State
Zip / Country	Zip / Country

6. FEI Number: 06-1493144 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
Corporation Service Company 1201 Hays Street Tallahassee, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City: FL — Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Colonial GP, L.P.	70 Main Street	New Canaan, CT 06840	B97000000489

500002472735--1

CR2E003 (6/97)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Douglas Van Eliet DATE 3/25/98

Typed or Printed Name of General Partner Signing Form: Douglas Van Eliet — Daytime Telephone Number _____

B970000000500

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 749867 4324340

AUTHORIZATION :

COST LIMIT : $ 00 Petition Pgmt

ORDER DATE : March 20, 1998 535.00

ORDER TIME : 11:30 AM

ORDER NO. : 749867-010

CUSTOMER NO: 4324340

CUSTOMER: John Kyles, Esq
Finn Dixon & Herling Llp
One Landmark Square

Stamford, CT 06901

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 30 PM 4:17

ANNUAL REPORT FILING

NAME: COLONIAL MANAGEMENT GROUP, L.P

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lamont W. Jones

EXAMINER'S INITIALS: _____