

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 28 AM 8:59

DOCUMENT # L03000004403 1. Entity Name COLONY GROUP INVESTMENTS, LLC					
Principal Place of Business P.O. BOX 551600 FT. LAUDERDALE, FL 33355				Mailing Address P.O. BOX 551600 FT. LAUDERDALE, FL 33355	
2. Principal Place of Business 515 E Las Olas Blvd Suite, Apt. #, etc. Suite 1020		3. Mailing Address 515 E Las Olas Blvd Suite, Apt. #, etc. Suite 1020			
City & State Fort Lauderdale		City & State Fort Lauderdale		4. FEI Number 02182005 REIN-LLC CR2E101 (6/04)	
Zip 33301		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> Jeanine Reynolds as its agent </div> <div style="width: 20%; text-align: right;"> 2-25-05 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Suzette Steward 9120-D SW 19th Court Fort Lauderdale, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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REINSTATEMENT 04-05

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **Suzette Steward**

2/23/05 (954) 473 2490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #