## M0500005965

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRETARY OF STATE
ALLAHASSEF. FI ORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Jeta Grove, LLC d/b/a Th	ne Colony Group of Naples, LLC nited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Gina K. Bradley, General Counsel	
(Name of Person)	
The Colony Group, LLC (Firm/Company)	<del></del>
Two Atlantic Avenue	
(Address)	
Boston, MA 02110	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
• · · · · · · · · · · · · · · · · · · ·	t ( 617 ) 723-8200
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	ed liability company is: 👱	Jeta Grove, LLC d/b/a The Col	ony Grou	ıp of N	laples, LL(
2. The mailing address o	f the limited liability com	pany is: 780 Fifth Avenue	South,	Suite	200
		Naples, FL 3410			· ·
October 25, 2005 M05000005965					
3. Date of filing/registration in Florida 4. Document nur			ber		
5. The name of the register Florida Department of	ered agent and the registe State:	red office address as shown of	n the rec	ords o	of the
•	Michael J. Nath	nanson			
		Name			
	8955 Fontana D				
		ddress	<u>_</u>	~	
Naples, FL 34109 City, State and Zip			SE	8	
6. The name and address	•	•	RETAL AHAS	2008 MAR	
	Cheryl L. Charbo		RY OF	3 PH	
		ime South, Suite 200		ယ္	
		P.O. Box <b>NOT</b> acceptable)	TATE	53	
	1 lorida street address (	1.0. Box 1101 acceptable)	3> M	ယ	
	Naples,	FL 34102			
	City, Sta	te and Zip			
aantiumaad that aftan tha al		ider the laws of the State of F de, the Florida street address of be identical. Or, in the case of hange(s) was/were authorized as otherwise provided in the company.	of tha waa	intara	d office
(Signature of a member or author	ized representative of a member)				
Michael I Nothance	n Managar				
Michael J. Nathanson (Printed or typed name of signee)		<u>,</u>			
•		nt and agree to act in this cap o the proper and complete pe of my position as registered a ed to merely reflect a change company has been notified in	pacity. I rformand gent as p in the reg writing o	furthe ce of n rovide gistere of this	r agree to 1y duties, 2d for in 2d office change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)