File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY A Katherine Harris ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1017022 17 1:25 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE **DOCUMENT #** L95000000264 1a. Principal Place of Business Address RAINBOW SPRINGS UTILITIES, L.C. P.O. BOX 1850 8625 SW 200TH CIRCLE DUNNELLON FL 34430 DUNNELLON FL 34431 3. Date Organized or Qualified | 3a. State of Formation 2 Principal Place of Business 2a. Mailing Address 03/29/1995 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3304495 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Zw Country Country \$8.75 Additional Fee Required 03/16/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office ST. LOUIS, ROLAND R 201 S. BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) 2300 MIAMI CENTER MIAMI FL 33131 Suite, Apl. #. etc Zip Code City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ ..._ DATE 10. Title Managing Members/Managers Business Street Address City, State and Zip Code MGRM CHASE, DAVID T 1 COMMERCIAL PLAZA HARTFORD CT MGRM CHASE, ARNOLD L 1 COMMERCIAL PLAZA HARTFORD CT MGRM CHASE, CHERYL A 1 COMMERCIAL PLAZA HARTFORD CT 000002788680---\$ -02/26/99--01072--006 ****188.75 ****188.75 11. 1do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an