


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L9500000264</b> 1. Entity Name RAINBOW SPRINGS UTILITIES, L.C.	
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Principal Place of Business C/O CHASE ENTERPRISES 225 ASYLUM ST, 29H FLOOR HARTFORD, CT 06103-1538	Mailing Address C/O CHASE ENTERPRISES 225 ASYLUM ST, 29H FLOOR HARTFORD, CT 06103-1538
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	04172007 Chg-LLC CR2E083 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-3304495
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

Applied For	Not Applicable
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**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee Is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	CHASE, DAVID T
STREET ADDRESS	GOODWIN SQUARE, 225 ASYLUM ST, 29TH FL
CITY-ST-ZIP	HARTFORD, CT 061031538
TITLE	MGRM <input type="checkbox"/> Delete
NAME	CHASE, ARNOLD L
STREET ADDRESS	GOODWIN SQUARE, 225 ASYLUM ST, 29TH FL
CITY-ST-ZIP	HARTFORD, CT 061031538
TITLE	MGRM <input type="checkbox"/> Delete
NAME	CHASE, CHERYL A
STREET ADDRESS	GOODWIN SQUARE, 225 ASYLUM ST, 29TH FL
CITY-ST-ZIP	HARTFORD, CT 061031538
TITLE	MGR <input type="checkbox"/> Delete
NAME	SMALLRIDGE, LOWELL P
STREET ADDRESS	8518 SOUTHWEST 189TH COURT ROAD
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000735614
CITY-ST-ZIP	05/10/07-80040-011 50.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Cheryl A. Chase, A Managing Member April 20, 2007 860-549-1674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #