


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 FEB 19 AM 8:23

FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #L96000000538**

~~RAINBOW SPRINGS VENTURES, L.C.~~
~~8625 SW 200TH CIR~~ c/o Chase Enterprises
~~DUNNELLON FL 34431~~ One Commercial Plaza
 Hartford, CT 06103
 Attn: Joseph Korzenik

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

8625 SW 200TH CIR
 DUNNELLON FL 34431

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc. 8625 SW 200 CIRCLE	c/o Chase Enterprises	05/08/1996	FL
City & State DUNNELLON, FLORIDA	One Commercial Plaza	4. FEI Number	<input type="checkbox"/> Applied For
Zip 34431	Hartford, CT 06103	59-3384537	<input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired
		5/8/96	SB 75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

KLEIN, H. RANDOLPH
 333 NW THIRD AVE
 OCAIA FL 32670

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City **FL** Zip Code

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. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CHASE, ARNOLD L	ONE COMMERCIAL PLAZA	HARTFORD CT
MGRM	FRIEDMAN, CHERYL G CHASE, CHERYL A.	ONE COMMERCIAL PLAZA	HARTFORD CT
MGRM	CHASE, RHODA L	96 HIGH RIDGE RD	WEST HARTFORD CT

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11. I do 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 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 receiver 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 attachment with an address.

SIGNATURE: Cheryl A. Chase Cheryl A. Chase, Member 2/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

352-489-9152