

**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

FILED

97 FEB 19 AM 8:23

**FILING FEE \$ 203.75** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
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

1a. Principal Place of Business Address  
TALLAHASSEE, FLORIDA  
8625 SW 200TH CIR  
DUNNELLON FL 34431

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

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
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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	<del>FRIEDMAN, CHERYL G</del> CHASE, CHERYL A.	ONE COMMERCIAL PLAZA	HARTFORD CT
MGRM	CHASE, RHODA L	96 HIGH RIDGE RD	WEST HARTFORD CT

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\*\*\*203.75 \*\*\*203.75

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  
352-489-9152  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #