

**File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
00 APR 16 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 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.  
C/O CHASE ENTERPRISES  
ONE COMMERCIAL PLAZA  
HARTFORD CT 06103

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 05/08/1996	3a. State of Formation FL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3384537	<input type="checkbox"/> Applied For
City & State		City & State			<input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report 04/13/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
KLEIN, H. RANDOLPH 333 NW THIRD AVE OCALA FL 32670		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc	
		City	Zip Code
		FL	

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 reappointing)

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

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\*\*\*188.75 \*\*\*188.75

*Cheryl A. Chase*

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 4/6/99  
SIGNATURE AND TYPE OR PRINTED NAME OF SECRETARY, MANAGING MEMBER OR MANAGER Date