


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90074 038 \*\*\*\*50.00

**DOCUMENT # L96000000538**

1. Entity Name  
**RAINBOW SPRINGS VENTURES, L.C.**



Principal Place of Business      Mailing Address  
**C/O CHASE ENTERPRISES, ATTN: J. KORZENIK**      **C/O CHASE ENTERPRISES, ATTN: J. KORZENIK**  
**280 TRUMBULL STREET**      **280 TRUMBULL STREET**  
**HARTFORD, CT 06103**      **HARTFORD, CT 06103**

**24060934**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04122004    Chg-LLC    CR2E083 (10/03)

City & State      City & State

4. FEI Number      Applied For  
**59-3384537**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent:**

**KLEIN, H. RANDOLPH**  
**333 NW THIRD AVE**  
**OCALA, FL 32670**

**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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

\_\_\_\_\_

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHASE, ARNOLD L	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHASE, CHERYL A	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-ST-ZIP	HARTFORD, CT 06103	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHASE, RHODA L	
STREET ADDRESS	96 HIGH RIDGE RD	
CITY-ST-ZIP	WEST HARTFORD, CT 06117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chase, Arnold L.	
STREET ADDRESS	280 Trumbull Street, 24th Floor	
CITY-ST-ZIP	Hartford, CT	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chase, Cheryl A.	
STREET ADDRESS	280 Trumbull Street, 24th Floor	
CITY-ST-ZIP	Hartford, CT	
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 exemption stated in Section 119.07(3)(i), 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*      Cheryl A. Chase, Managing Member      4/20/04      860-293-4315

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