


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L96000000538</b> 1. Entity Name RAINBOW SPRINGS VENTURES, L.C.	
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Principal Place of Business C/O CHASE ENTERPRISES, GOODWIN SQ 225 ASYLUM ST, 29TH FLOOR HARTFORD, CT 06103-1583	Mailing Address C/O CHASE ENTERPRISES, GOODWIN SQ 225 ASYLUM ST, 29TH FLOOR HARTFORD, CT 06103-1583
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02012007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3384537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASE, ARNOLD L GOODWIN SQ, 225 ASYLUM ST, 29TH FL HARTFORD, CT 061031583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASE, CHERYL A GOODWIN SQ, 225 ASYLUM ST, 29TH FL HARTFORD, CT 061031583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASE, RHODA L 96 HIGH RIDGE RD WEST HARTFORD, CT 06117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000735608  
05/10/07-80040-008 50.00

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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, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #