

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC -7 AM 9:55

1. Name of Limited Partnership

1a. DOCUMENT #  
A17293

RAINBOW SPRINGS, LIMITED



Mailing Address

C/O CHASE ENTERPRISES ATTN: J. KORZENIK  
ONE COMMERCIAL PLAZA  
HARTFORD CT 06103

Principal Office Address

C/O CHASE ENTERPRISES ATTN: J. KORZENIK  
ONE COMMERCIAL PLAZA  
HARTFORD CT 06103

3. Date Formed or Registered

06/20/1984

3a. Date of Last Report

12/12/1997

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$80,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

58-1594007

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

KLEIN, RANDOLPH ESQ.  
333 N.W. 3RD AVE.  
OCALA FL 34475

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

CHASE VENTURES, INC.

C/O CHASE ENTERPRISES

HARTFORD CT 06103

F94000006413

CVI ASSOCIATES L.P.

C/O CHASE ENTERPRISES

HARTFORD CT 06103

A93000000124

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-12/11/98--01006--002  
\*\*\*526.25 \*\*\*526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Chase Ventures, Inc., General Partner

SIGNATURE

By: Cheryl A. Chase, President DATE 9/23/98

Typed or Printed Name of General Partner Signing Form

Chase Ventures, Inc.

Daytime Telephone Number 860/549-1674

CR2E003 (8/98)