2000	UNI	FORM BUS	INESS REI	PORT	(UBR)	_	·		
DOCUMENT # A17293  1. Entity Name						į i i	EU STATE		
rainbow springs, limited			7 - 4			SECRETAL DIVISION OF	CORPORATIO	ins Is	•/.
Principal Plac C/O CHASE E ONE COMMER HARTFORD C	enterprises RCIAL PLAZA	ATTN: J. KORZENIK	Mailing Address C/O CHASE ENTERPRISES ATTN: J. KORZENIK ONE COMMERCIAL PLAZA HARTFORD CT 06103-3509				7 AM 3: 0		
Principal Place of Business     3. Mailing Address						[   <b>             </b>	[  0 0   0 61    4      0   		# #1##1 01011 01011 01041 1001
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State			City & State		4. FEI Number	58-159400	7	Applied For Not Applicable	
Zip _		Country	_ Zip,	. Co	untry	5. Certificate of	Status Desired	\$ F	8.75 Additional see Required
6. Name and Address of Current Registe			Registered Agent		7. Name and Address of New Name			Registered Agent	
KLEIN, RANDOLPH ESQ. 333 N.W. 3RD AVE. OCALA FL 34475					Street Address (P.O. Box Number is Not Acceptable)				
					City	FL Zip Code			
SIGNATI IRE		y submits this statement fo		ered office or regi		in the State of Flo	orida. DATE		
9. Capital Contributions as Shown on record.  \$80,000.00  10. Amount of Capital of in FLORIDA to date					tributions				O DEPT. OF STATE FEE INFORMATION
	NOTE	GENERAL PARTNER T	THAT IS A BUSINESS AY NOT be changed	S ENTITY on the for	MUST BE REG m; an amendn	SISTERED AND AC nent must be filed	TIVE WITH TH to change a g	IS OFFICE. eneral partr	ner.
12. GENERAL PARTNER INFORMATION					3.		ADDRESS CH	ANGES ONLY	
DOCUMENT# NAME		ENTURES, INC.			TREET ADDRESS		·		
STREET ADDRESS CITY-ST-ZIP		SE ENTERPRISES, ONE RD CT 06103	COMMERCIAL PLZ.		ΠY-ST-ZIP	<b>5</b> i	00003	3260 3/00-0	4550:1
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DC:UMENT /				s	TREET ADDRESS				

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Chase Ventures, Inc. General Partner

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADORESS

CITY-ST-ZIP

A. Chase, President 04/12/00-860/293-4315

Daytime Phone #