FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF COMPORATIONS

FIL	ING	FEE	Annu

APPROVED

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	ING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee									SECRETARY OF STATE								
\$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company Of Limited Liability Company										TALLAHASSEE, FLORIDA								
Name a of Limit	and Mailir ed Liabili	ng Addre ty Comp	any	DOC	UME	NT	#1.9	5000	000	264								
RAINBOW SPRINGS UTILITIES, L.C. 8625 SW 200TH CIRCLE DUNNELLON FL 34431								1a. Principal Place of Business Address 3625 SW 200TH CIRCLE DUNNELLON FL 34431										
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Bi								liock 2a.	L									
2 Principal Place of Business 2a. M			Mailir	ling Address									3a. State of Formation					
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.					_D3/29/1995 FL									
Suite, Apr. #, etc.			-,				4. FEI Number				Applied Fo	or						
City & State City			& Sta	& State					59.	-33044	95	Not Applicable						
										5.	Date of Last	Report	6. Ce	rtificate	of Status Des	sired		
Zip		ľ	Country		Zip]	Country	y		ha	/01/19	106	\$8.75 /	Additio	ral Fee Regaired	
	7 1	Name as	nd Addre	es of Cur	rent Renist	ered	Agent							dress of New R	oistere	d Age	nt	
7. Name and Address of Current Registered A							Name						- 					
ST. LOUIS, ROLAND R 201 S. BISCAYNE BLVD. 2300 MLAME CENTER GIAME WIL 33101							Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.											
										City				FL	Zip C	ode		
9. Pursua its register as register	red office	or regist	ered agen	t, or both,	in the State of	8.508, of Flor	Florida ida. Su	a Statutes, ch change	, the ab was au	ove-nan ithorized	ned limited I by affirma	l liabil itive v	ity company ote of a majo	submits this stat rity of the membe	ement lo rs. i here	or the p oby acc	urpose of char ept the appoint	nging iment
SIGNATU	RE						IOTE D		Laisaatus	. nanijad u	don en motorio	~···········		DATE				
10. Title	<u> </u>	Mana	Registere Iging Mem	-		om) (N	OTE REC			ess Street Address City, State and Zip Code								
TO. TRIE		WICHIG	igiry mon	DOISTIG	lagoro		Dusilless direct Address					,						
√1em	CHAS	E VE	ENTUP	RES,	INC.	C	NE	COMM	ERC	IAL	PLAZ	A,	24TH	HARTFOR	D C	r		
Mem	RAIN	BOW	SPRI	NGS,	LIMI	T' (NE	COMM	ERC	IAL	PLAZ	Α,	24TH	HARTFOR	ED C	T		
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11. I do he	reby cert	ify that th	ne information	tion suppli and accti	ied with this f	filing d it my s	loes not	t qualify for re shall hav	r the exe	emption : same leg	stated in So pal effect a	ection s If ma	119.07(3) (i) ade under oa	, Florida Statutes th; that I am a m	. I furthe anaging	r certify membe	y that the Inform er or manager	nation of the

limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

J.T.Collins

352-489-9152

Daytime Phone #