2001 UNIFORM BUSINESS REPORT (UBR)

000619 AF

DOCUMENT # L96000000538

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

FILED
01 APR 23 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
280 TRUMBULL STREET HARTFORD CT 06103	280 TRUMBULL STREET HARTFORD CT 06103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o CHASE ENTERPRISES	c/o CHASE ENTERPRISES
Suite, Apt. #, etc. ATTN: J. KORZENIK 280 TRUMBULL STREET	Suite, Apt. #, etc. ATTN: J. KORZENIK 280 TRUMBULL STREET
City & State HARTFORD, CT	City & State HARTFORD, CT
Zip: 06103 Country: USA	Zip: 06103 Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLEIN, H. RANDOLPH 333 NW THIRD AVE OCALA FL 32670	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

700004138317--8
-05/07/01--01041--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHASE, ARNOLD L ONE COMMERCIAL PLAZA HARTFORD CT 06103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHASE, CHERYL A ONE COMMERCIAL PLAZA HARTFORD CT 06103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHASE, RHODA L 96 HIGH RIDGE RD WEST HARTFORD CT 06117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

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: SIGNATURE REQUIRED Cheryl A. Chase, Member 4/3/01 860/293-4315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #