


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90032 005 ****50.00

DOCUMENT # L96000000538	
1. Entity Name RAINBOW SPRINGS VENTURES, L.C.	

Principal Place of Business C/O CHASE ENTERPRISES, ATTN: J. KORZENIK 280 TRUMBULL STREET HARTFORD, CT 06103	Mailing Address C/O CHASE ENTERPRISES, ATTN: J. KORZENIK 280 TRUMBULL STREET HARTFORD, CT 06103
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20033003



2. Principal Place of Business c/o Chase Enterprises Goodwin Square Suite, Apt. #, etc. 225 Asylum St., 29th Fl.	3. Mailing Address Kathleen Tierney Goodwin Square Suite, Apt. #, etc. 225 Asylum St., 29th Fl.
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03312005 Chg-LLC CR2E083 (10/03)

City & State Hartford, CT	City & State Hartford, CT
Zip 06103-1538	Country USA

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

6. Name and Address of Current Registered Agent KLEIN, H. RANDOLPH 333 NW THIRD AVE OCALA, FL 32670	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASE, ARNOLD L 280 TRUMBULL STREET, 24TH FLOOR HARTFORD, CT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARNOLD L. Chase Goodwin Square, 225 Asylum St., 29th Fl. Hartford, CT 06103-1538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASE, CHERYL A 280 TRUMBULL STREET, 24TH FLOOR HARTFORD, CT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Cheryl A. Chase Goodwin Square, 225 Asylum St., 29th Fl. Hartford, CT 06103-1538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHASE, RHODA L 96 HIGH RIDGE RD WEST HARTFORD, CT 06117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u>	Date: <u>4/19/05</u>	Daytime Phone #: <u>(860) 549-1674</u>
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