


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000041019**  
 1. Entity Name  
**A HORSE OF A DIFFERENT COLOR, LLC**



Principal Place of Business      Mailing Address  
**4226 GULF SHORE BLVD. NORTH**      **4226 GULF SHORE BLVD. NORTH**  
**NAPLES, FL 34103**      **NAPLES, FL 34103**



01072006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>07-3280222</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
**DE LA CHAPELLE, NORMAN F**  
**4226 GULF SHORE BLVD. NORTH**  
**NAPLES, FL 34103**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE LA CHAPELLE, NORMAN F 4226 GULF SHORE BLVD. NORTH NAPLES, FL 34103
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 03/16/06-80012-004 55.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:** *Norman F. de la Chapelle*      3/1/06      239/261-1252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #