


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 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**

DO NOT WRITE IN THIS SPACE



01132007No Chg-LLC CR2E083 (11/05)

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

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

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

Filing Fee is \$50.00
Due by May 1, 2007

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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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* 1/19/07 239-261-1252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #