


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**


02-13-2006 90191 028 \*\*\*\*55.00

<b>DOCUMENT # L05000070785</b>	
1. Entity Name <b>TRUE BLUE SADDLEBREDS, LLC</b>	

Principal Place of Business <b>850 BOND WAY DELRAY BEACH, FL 33483</b>	Mailing Address <b>850 BOND WAY DELRAY BEACH, FL 33483</b>
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**20007549**

2. Principal Place of Business <b>850 Bond Way</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Delray Bch, FL</b>	City & State <b>FL</b>
Zip <b>33483</b>	Country <b>USA</b>

	
01232006 Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>20-3254653</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>FREY ROZZO, ELIZABETH R 850 BOND WAY DELRAY BEACH, FL 33483</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *E. R. Rozzo* DATE *2/8/06*

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

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FREY ROZZO, ELIZABETH R 850 BOND WAY DELRAY BEACH, FL 33483</b> <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
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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 *E. R. Rozzo* **Elizabeth R. Frey Rozzo** **561-278-6079**