2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 OCT 26 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000006889

1. Entity Name
REGAL KITCHENS, LLC

Principal Place of Business	Mailing Address
4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111	4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111

10092007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3929304 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1S

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. I am familiar with, and accept the obligations of registered agent.

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

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SMITH, ROBERT 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111	☐ Delete #3	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO DAVID MARTIN 8600 NW SOUTH RIVER DR MIAMI, FL 33166	☐ Change ☑ Addition PLEASE LIST AS #1
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SWARTZMAN, STEVE 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO EVAN DIAMOND 8600 NW SOUTH RIVER DR MIAMI, FL 33166	☐ Change ☑ Addition PLEASE LIST AS #2
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SWEENEY, ROBERT 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111	☐ Delete #4	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCOTT FESLER 4520 MAIN STREET, SUITE 1600 KANSAS CITY, MO 64111	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SERAPHIM, G.R. SAM 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111	☐ Delete #5	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600111641796 11/02/07--01037--007 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NEEDHAM, JAMES M 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REED, DAVID H 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111	☐ Delete #6	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 10/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #