

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # M05000006889

1. Entity Name
REGAL KITCHENS, LLC



FILED
2007 OCT 26 PM 3:08

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

Mailing Address
**4520 MAIN STREET SUITE 1600
KANSAS CITY, MO 64111**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



10092007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3929304

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

Applied For
Not Applicable

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)
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.

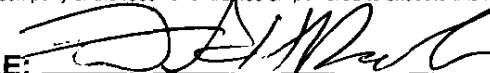
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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 #