

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M05000006889

FILED
May 05, 2009
Secretary of State**Entity Name:** REGAL KITCHENS, LLC**Current Principal Place of Business:**4520 MAIN STREET SUITE 1600
KANSAS CITY, MO 64111**New Principal Place of Business:****Current Mailing Address:**8600 NW SOUTH RIVER DR
MIAMI, FL 33166**New Mailing Address:****FEI Number:** 20-3929304**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: PACE, TONY
Address: 8600 NW SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33166

Title: CFO () Delete
Name: DIAMOND, EVAN
Address: 8600 NW SOUTH RIVER DRIVE
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: SMITH, ROBERT
Address: 4520 MAIN STREET SUITE 1600
City-St-Zip: KANSAS CITY, MO 64111

Title: MGR () Delete
Name: SWEENEY, ROBERT
Address: 4520 MAIN STREET SUITE 1600
City-St-Zip: KANSAS CITY, MO 64111

Title: MGR () Delete
Name: SERAPHIM, G.R. SAM
Address: 4520 MAIN STREET SUITE 1600
City-St-Zip: KANSAS CITY, MO 64111

Title: MGR () Delete
Name: REED, DAVID H
Address: 4520 MAIN STREET SUITE 1600
City-St-Zip: KANSAS CITY, MO 64111

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: QUAL (X) Change () Addition
Name: SWEENEY, JR, ROBERT E
Address: 4520 MAIN STREET SUITE 1600
City-St-Zip: KANSAS CITY, MO 64111

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EVAN DIAMOND

CFO

05/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date