Mar. 30. 2004 11:13AM REGAL CUSTOM PRODUCTS
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Secretary of State
04-06-2004 90130 036 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000026063

1. Entity Name
REGAL CUSTOM PRODUCTS, LLC

24036263

Principal Place of Business
8600 N.W. SOUTH RIVER DR., STE 159
MIAMI, FL 33166

Mailing Address
8600 N.W. SOUTH RIVER DR., STE 159
MIAMI, FL 33166

03302004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7904 Interstate Ct	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Ft. Myers Fl.	City & State
Zip: 33917 Country: US.	Zip Country

4. FEI Number: 56-2384857 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIR, STE 430
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent
Name: Robert E. Sweeney
Street Address (P.O. Box Number is Not Acceptable): 8600 N.W. South River DR, Ste. 159
City: Miami FL Zip Code: 33166

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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SWEENEY, ROBERT E 8600 N.W. SOUTH RIVER DR., STE 159 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HICKS, PAUL F 8600 N.W. SOUTH RIVER DR., STE 159 MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Robert E Sweeney Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #