


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90041 021 \*\*\*\*50.00

DOCUMENT # L03000026063	
1. Entity Name REGAL CUSTOM PRODUCTS, LLC	

Principal Place of Business 7904 INTERSTATE CT NORTH FORT MYERS, FL 33917 US	Mailing Address 8600 N.W. SOUTH RIVER DR., STE 159 MIAMI, FL 33166
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2. Principal Place of Business 7904 INTERSTATE CT.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02212005 Chg-LLC CR2E083 (10/03)

City & State N.F.T. MYERS FLA.	City & State	4. FEI Number 56-2384857	Applied For Not Applicable
Zip 33917	Country US.	Zip	Country

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SWEENEY, ROBERT E 8600 N.W. SOUTH RIVER DR. STE. 159 MIAMI, FL 33166		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: Robert E. Sweeney DATE: 2/28/05

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**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 <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	MGR HICKS, PAUL F 8600 N.W. SOUTH RIVER DR., STE 159 MIAMI, FL 33166 <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 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 Date: 2/28/05 Daverne Phone #: (1-800) 941-6920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE