# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 26, 2007 8:00 am**
**Secretary of State**
03-26-2007 90306 037 ****50.00

DOCUMENT # L03000026063

1. Entity Name
REGAL CUSTOM PRODUCTS, LLC

60029164

| Principal Place of Business | Mailing Address |
|---|---|
| 7904 INTERSTATE COURT<br>NORTH FORT MYERS, FL 33917 US | 8600 N.W. SOUTH RIVER DR., STE 159<br>MIAMI, FL 33166 |

03012007 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 56-2384857 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

SWEENEY, ROBERT E
8600 N.W. SOUTH RIVER DR.
STE. 159
MIAMI, FL 33166

**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 _____
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, 2007**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>SWEENEY, ROBERT E<br>8600 N.W. SOUTH RIVER DR., STE 159<br>MIAMI, FL 33166 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>SMITH ROBERT<br>4520 MAIN STREET SUITE 1600<br>KANSAS CITY, MO 64111 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>HICKS, PAUL F<br>8600 N.W. SOUTH RIVER DR., STE 159<br>MIAMI, FL 33166 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>SWARTZMAN, STEVE<br>4520 MAIN STREET SUITE 1600<br>KANSAS CITY, MO 64111 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>SERAPHIM, G. R. SAM<br>4520 MAIN STREET SUITE 1600<br>KANSAS CITY, MO 64111 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>NEEDHAM, JAMES M<br>4520 MAIN STREET SUITE 1600<br>KANSAS CITY, MO 64111 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>REED, DAVID H<br>4520 MAIN STREET SUITE 1600<br>KANSAS CITY, MO 64111 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>SCOTT FESLER<br>4520 MAIN STREET SUITE 1600<br>KANSAS CITY, MO 64111 | ☐ 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:** _____ 3-21-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #