


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	

Principal Place of Business 7904 INTERSTATE COURT NORTH FORT MYERS, FL 33917 US	Mailing Address 8600 N.W. SOUTH RIVER DR., STE 159 MIAMI, FL 33166
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60029164



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

03012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2384857	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____ (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	
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	MGR HICKS, PAUL F 8600 N.W. SOUTH RIVER DR., STE 159 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAR SMITH, ROBERT 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAR SWARTZMAN, STEVE 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAR SERAPHIM, G. R. SAM 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEEDHAM, JAMES M 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REEN, DAVID H 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT FESLER 4520 MAIN STREET SUITE 1600 KANSAS CITY, MO 64111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-21-07
Date

Daytime Phone #