


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

09-04-2007 90084 006 \*\*\*\*\*50.00  
L06000050730

<b>DOCUMENT # L06000050730</b> 1. Entity Name <b>CROWN JEWEL WAREHOUSES, L.L.C.</b>	
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FILED  
07 SEP 17 PM 12: 17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>40 SOUTH WASHINGTON STREET NEW BREMEN OH 45869</b>	Mailing Address <b>40 SOUTH WASHINGTON STREET NEW BREMEN OH 45869</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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2nd MOORE CR2E083 (4/07)

City & State  Zip	City & State  Zip	4. FEI Number  Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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6. Name and Address of Current Registered Agent  <b>CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE FL 32301</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + CEO <input type="checkbox"/> Delete <b>James F. Dicke</b> <b>415 E. South St.</b> <b>New Bremen, OH 45869</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President + Treasurer <input type="checkbox"/> Delete <b>James F. Dicke II</b> <b>422 Easthaven Drive</b> <b>New Bremen, OH 45869</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President + Secretary <input type="checkbox"/> Delete <b>James F. Dicke III</b> <b>04670 Rock Two Road</b> <b>New Bremen, OH 45869</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres, Asst. Treasurer, Asst Secretary <b>Bradley L. Smith</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer + Asst. Secretary <input type="checkbox"/> Delete <b>Kathy Doseck</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:** Kathy Doseck Kathy Doseck 8-20-07 419-629-4120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #