


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

02-25-2008 90131 048 ***138.75

DOCUMENT # L06000050730

1. Entity Name
CROWN JEWEL WAREHOUSES, L.L.C.




Principal Place of Business
**40 SOUTH WASHINGTON STREET
 NEW BREMEN, OH 45869**

Mailing Address
**40 SOUTH WASHINGTON STREET
 NEW BREMEN, OH 45869**

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

30002200



01182008 Chg-LLC CR2ED83 (12/06)

4. FEI Number
APPLIED-FOR Applied For **NO** Applicable

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

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS, INC.
 515 EAST PARK AVENUE
 TALLAHASSEE, FL 32301**

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 reappointing) DATE _____

FILE NOW! FEE IS \$138.75
After May 1, 2008 Fee will be \$338.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DIKE, JAMES F 415 E SOUTH STREET NEW BREMEN, OH 45869 <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	VPT DICKE, JAMES F II 422 EASTHAVEN DRIVE NEW BREMEN, OH 45869 <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	VPS SMITH, BRADLEY L 40 SOUTH WASHINGTON STREET NEW BREMEN, OH 45869 <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	AS DOSECK, KATHY 40 SOUTH WASHINGTON STREET NEW BREMEN, OH 45869 <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	<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	<input type="checkbox"/> Delete	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 2/21/08 (419)629-4121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT
30002280

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2008

CROWN JEWEL WAREHOUSES, L.L.C.
40 SOUTH WASHINGTON STREET
NEW BREMEN, OH 45869

Subject: CROWN JEWEL WAREHOUSES, L.L.C.

Reference Number: L06000050730

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/mh
ANNUAL REPORTS SECTION

If you need to contact
someone please call Cindy
Carter e (419) 629-4121.

3/10/08

Please Note: We never
marked "Applied For" on
last years report. We have
always marked "Not Applicable".
Therefore, I crossed out "Apply For"
& marked "Not Applicable".
This company does not have a

P.O. BOX 6478 - Tallahassee, Florida 32314