

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050730

FILED  
Apr 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

40 SOUTH WASHINGTON STREET  
NEW BREMEN, OH 45869

**New Principal Place of Business:**

**Current Mailing Address:**

40 SOUTH WASHINGTON STREET  
NEW BREMEN, OH 45869

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: PCEO ( ) Delete  
Name: DIKE, JAMES F  
Address: 415 E SOUTH STREET  
City-St-Zip: NEW BREMEN, OH 45869

Title: VPT ( ) Delete  
Name: DICKE, JAMES F II  
Address: 422 EASTHAVEN DRIVE  
City-St-Zip: NEW BREMEN, OH 45869

Title: VPS ( ) Delete  
Name: SMITH, BRADLEY L  
Address: 40 SOUTH WASHINGTON STREET  
City-St-Zip: NEW BREMEN, OH 45869

Title: AS ( ) Delete  
Name: DOSECK, KATHY  
Address: 40 SOUTH WASHINGTON STREET  
City-St-Zip: NEW BREMEN, OH 45869

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 A DOSECK

AS

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date