2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2009
Secretary of State

DOCUMENT# M08000003877

Entity Name: THE CORNCRIB GROUP, LLC

Current Principal Place of Business:

8672 BUTTERFIELD LANE
ORLAND PARK, IL 60462

New Principal Place of Business:

Current Mailing Address:

8672 BUTTERFIELD LANE
ORLAND PARK, IL 60462

New Mailing Address:

FEI Number: 36-3114455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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:	MGRM	( ) Delete
Name:	PARSON, JASON A	
Address:	8672 BUTTERFIELD LANE	
City-St-Zip:	ORLAND PARK, IL 60462	
Title:	MGRM	( ) Delete
Name:	PARSON, VALERIE A	
Address:	8672 BUTTERFIELD LANE	
City-St-Zip:	ORLAND PARK, IL 60462	
Title:	MGRM	( ) Delete
Name:	TALLEY, DAVID C	
Address:	14218 SUGAR CREEK RD	
City-St-Zip:	FT WAYNE, IN 46814	
Title:	MGRM	( ) Delete
Name:	TALLEY, KATHY ANN	
Address:	14218 SUGAR CREEK RD	
City-St-Zip:	FT WAYNE, IN 46814	

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: JASON A. PARSON MGRM 07/11/2009

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