2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016201

Entity Name: FLOWERS BAKING CO. OF JACKSONVILLE, LLC

FILED Mar 11, 2004 Secretary of State

Date

Current Principal Place of Business: New Principal Place of Business:

2261 WEST 30TH ST P.O. BOX 12579 JACKSONVILLE, FL 32209

Current Mailing Address: New Mailing Address:

P.O. BOX 12579 JACKSONVILLE, FL 32209

FEI Number: 59-1718773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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

MANAGING MEMBERS/MEMBERS:

ADDITIONS/CHANGES:

Title: ST () Delete Title: MGR (X) Change () Addition Name: PERRY, JEFF Name: PERRY, JEFF

 Address:
 2261 WEST 30TH ST
 Address:
 2261 WEST 30TH ST

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:
 JACKSONVILLE, FL 32209

Title: VD () Delete Title: MGR (X) Change () Addition Name: WHITE, ROBERT Name: WHITE, ROBERT

 Address:
 2261 WEST 30TH ST
 Address:
 2261 WEST 30TH ST

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:
 JACKSONVILLE, FL 32209

Title: S () Delete Title: MGRM (X) Change () Addition

 Name:
 RICH, SCOTT
 Name:
 RICH, SCOTT

 Address:
 US HWY 19 S
 Address:
 1925 FLOWERS CIRCLE

City-St-Zip: THOMASVILLE, GA 31757 City-St-Zip: THOMASVILLE, GA 31757

 Name:
 MCCOMBS, RICK
 Name:
 MCCOMBS, RICK

 Address:
 2261 WEST 30TH ST
 Address:
 2261 WEST 30TH ST

 City-St-Zip:
 JACKSONVILLE, FL 32209
 City-St-Zip:
 JACKSONVILLE, FL 32209

Title: D () Delete Title: MGRM (X) Change () Addition

Name: SCOTT, DAVID Name: SCOTT, DAVID

Address: US HWY 19 S Address: 1925 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757 City-St-Zip: THOMASVILLE, GA 31757

Title: T () Delete Title: MGRM (X) Change () Addition

Name: LAUDER, KARYL Name: LAUDER, KARYL

Address: US HWY 19 S Address: 1925 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757 City-St-Zip: THOMASVILLE, GA 31757

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFF PERRY MGR 03/11/2004