2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000016201

1. Entity Name
FLOWERS BAKING CO. OF JACKSONVILLE, LLC

Principal Place of Business	Mailing Address
2261 WEST 30TH ST P.O. BOX 12579 JACKSONVILLE, FL 32209	P.O. BOX 12579 JACKSONVILLE, FL 32209

DO NOT WRITE IN THIS SPACE

02172005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-1718773
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	PERRY, JEFF
STREET ADDRESS	2261 WEST 30TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	MGR
NAME	WHITE, ROBERT
STREET ADDRESS	2261 WEST 30TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	MGRM
NAME	RICH, SCOTT
STREET ADDRESS	1925 FLOWERS CIRCLE
CITY-ST-ZIP	THOMASVILLE, GA 31757
TITLE	MGR
NAME	MCCOMBS, RICK
STREET ADDRESS	2261 WEST 30TH ST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	MGRM
NAME	SCOTT, DAVID
STREET ADDRESS	1925 FLOWERS CIRCLE
CITY-ST-ZIP	THOMASVILLE, GA 31757
TITLE	MGRM
NAME	LAUDER, KARYL
STREET ADDRESS	1925 FLOWERS CIRCLE
CITY-ST-ZIP	THOMASVILLE, GA 31757

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02/25/05-80062-007 55.00

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11. I hereby certify that the information supplied with this filing does not qualify 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 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 JEFF PERRY 2/17/05 904-354-3771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #