

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016201

FILED
Mar 29, 2007
Secretary of State

Entity Name: FLOWERS BAKING CO. OF JACKSONVILLE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

2261 WEST 30TH ST
JACKSONVILLE, FL 32209

Current Mailing Address:

P.O. BOX 12579
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 59-1718773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: PERRY, JEFF
Address: 2261 WEST 30TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: MGR () Delete
Name: WHITE, ROBERT
Address: 2261 WEST 30TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: MGRM () Delete
Name: RICH, SCOTT
Address: 1925 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: MGR () Delete
Name: MCCOMBS, RICK
Address: 2261 WEST 30TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: MGRM () Delete
Name: SCOTT, DAVID
Address: 1925 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

Title: MGRM () Delete
Name: LAUDER, KARYL
Address: 1925 FLOWERS CIRCLE
City-St-Zip: THOMASVILLE, GA 31757

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
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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 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: JEFF PERRY

MGR

03/29/2007

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