2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008
Secretary of State

DOCUMENT# L00000016201

Entity Name: FLOWERS BAKING CO. OF JACKSONVILLE, LLC

Current Principal Place of Business:

2261 WEST 30TH ST
JACKSONVILLE, FL 32209

New Principal Place of Business:

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:	MGRM	(X) Change ( ) Addition
Name:	HANCOCK, ROB	
Address:	1925 FLOWERS CIRCLE	
City-St-Zip:	THOMASVILLE, GA 31757	
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: JEFF B PERRY MGR 03/27/2008

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