


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000016204
 1. Entity Name
FLOWERS BAKING CO. OF BRADENTON, LLC



Principal Place of Business Mailing Address
6490 PARKLAND DR. **1919 FLOWERS CIRCLE**
SARASOTA, FL 34223-4035 **THOMASVILLE, GA 31757**

DO NOT WRITE IN THIS SPACE



04052007No Chg-LLC CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 58-1723981 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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, 2007

000000708441
 04/24/07-80112-023 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HOLDER, RICHARD 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCCALL, MIKE 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STRICKLAND, BO 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST STEEVES, BILL 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT LAUDER, KARYL 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS TILLMAN, STEPHANIE 1919 FLOWERS CIRCLE THOMASVILLE, GA 31757 |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]* *Karen H. Lawson* *4/6/2007*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #