2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L00000016204

Entity Name: FLOWERS BAKING CO. OF BRADENTON, LLC

Current Principal Place of Business:

6490 PARKLAND DR.
SARASOTA, FL 342234035

New Principal Place of Business:

Current Mailing Address:

1919 FLOWERS CIRCLE
THOMASVILLE, GA 31757

New Mailing Address:

FEI Number: 58-1723981 **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:	HOLDER, RICHARD	
Address:	1919 FLOWERS CIRCLE	
City-St-Zip:	THOMASVILLE, GA 31757	
Title:	MGR	( ) Delete
Name:	MCCALL, MIKE	
Address:	1919 FLOWERS CIRCLE	
City-St-Zip:	THOMASVILLE, GA 31757	
Title:	MGR	( ) Delete
Name:	STRICKLAND, BO	
Address:	1919 FLOWERS CIRCLE	
City-St-Zip:	THOMASVILLE, GA 31757	
Title:	ST	( ) Delete
Name:	STEEVES, BILL	
Address:	1919 FLOWERS CIRCLE	
City-St-Zip:	THOMASVILLE, GA 31757	
Title:	AT	( ) Delete
Name:	LAUDER, KARYL	
Address:	1919 FLOWERS CIRCLE	
City-St-Zip:	THOMASVILLE, GA 31757	
Title:	AS	( ) Delete
Name:	TILLMAN, STEPHANIE	
Address:	1919 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
Name:	
Address:	
City-St-Zip:	
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: JOHN SINGLETARY, MANAGING TAX DIR DIR 04/28/2008

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