


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000003062</b>					
1. Entity Name <b>FLOWERS FOODS SPECIALTY SALES, LLC</b>					
Principal Place of Business <b>1919 FLOWERS CIRCLE THOMASVILLE, GA 31757</b>			Mailing Address <b>1919 FLOWERS CIRCLE THOMASVILLE, GA 31757</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05022005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>20-1409090</b>	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TILLMAN, STEPHANIE B	NAME	1000000364320		
STREET ADDRESS	1919 FLOWERS CIRCLE	STREET ADDRESS	05/06/05-80033-023 50.00		
CITY-ST-ZIP	THOMASVILLE, GA 31757	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>[Signature]</u>		Karyl Lauder 4-28-2005 229-226-9110			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	