


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 MAR -1 AM 10:36	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>MISSISSIPPI BAKING CO. L.L.C.</b> <b>600 PHIL GRAMM BLVD</b> <b>BRYAN TX 77807</b>		<b>DOCUMENT # M96000000241</b>  <i>99-AR CM</i>		1a. Principal Place of Business Address  <b>4311 HIGHWAY 80 WEST</b> <b>PELAHATCHIE MS 39145</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Date Organized or Qualified <b>07/05/1996</b>  4. FEI Number <b>52-1911031</b>  5. Date of Last Report <b>04/02/1998</b>	
				3a. State of Formation <b>DE</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City                      Zip Code <div style="text-align: center;"><b>FL</b></div>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature required when re-instating)					
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGR	MID SOUTH BAKING COMPA	600 PHIL GRAMM BLVD	BRYAN TX		
MGR	BOWERS, FREDERICK J	600 PHIL GRAMM BLVD.	BRYAN TX		
MGR	GRIMM, PETER	6 COMMERCE DRIVE SOUTH	HARRIMAN NY		
MGR	OLSON, GENE	18301 VON KARMAN AVENUE, S	IRVINE CA		
MGRM	ELLIOTT, TRAY	600 PHILL GRAMM BLVD.	BRYAN TX		
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER, MANAGING MEMBER OR MANAGER

D.C.

Original Phone #