


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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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| LIMITED LIABILITY COMPANY<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

|                                |   |
|--------------------------------|---|
| <b>FILING FEE</b><br>\$ 188.75 | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee<br>Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
|--------------------------------|---|

|   |                                |
|---|--------------------------------|
| 1. Name and Mailing Address<br>of Limited Liability Company                         | <b>DOCUMENT # M97000000057</b> |
| GOLDEN STATE FOODS BAKING COMPANY, L.L.C.<br>600 PHIL GRAMM BLVD.<br>BRYAN TX 77807 |                                |

|   |
|---|
| 1a. Principal Place of Business Address       |
| 1525-A OLD COVINGTON ROAD<br>CONYERS GA 30013 |

|                                |                     |                                |   |
|--------------------------------|---------------------|--------------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Organized or Qualified | 3a. State of Formation  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 02/14/1997                     | DE  |
| City & State                   | City & State        | 4. FEI Number                  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Zip                            | Country             | 58-2225412                     |   |
|                                |                     | 5. Date of Last Report         | 6. Certificate of Status Desired  |
|                                |                     | 04/02/1998                     | \$8.75 Additional Fee Required <input type="checkbox"/>                         |

|  |  |
|--|--|
| 7. Name and Address of Current Registered Agent                              | 8. Name and Address of New Registered Agent/Office |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name   |
|  | Street Address (P.O. Box Number is Not Acceptable) |
|  | Suite, Apt. #, etc.                                |
|  | City   |
|  | Zip Code   |
|  | <b>FL</b>  |

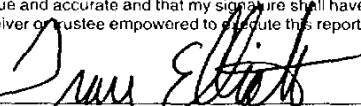
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of 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-appointing)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGRM      | MID SOUTH BAKING COMPA    | 600 PHIL GRAMM BLVD.    | BRYAN TX                 |
| MGRM      | BOWER, FREDRICK J         | 600 PHIL GRAMM BLVD.    | BRYAN TX                 |
| MGRM      | GRIMM, PETER              | 600 PHIL GRAMM BLVD.    | BRYAN TX                 |
| MGRM      | OLSON, GENE               | 18301 VON KARMAN AVENUE | IRVINE CA                |
| MGRM      | ELLIOTT, TRAY             | 600 PHIL GRAMM BLVD.    | BRYAN TX                 |

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\*\*\*\*188.75 \*\*\*\*188.75

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