

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009101

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: HENSON FAMILY FARMS, LLC

**Current Principal Place of Business:**

5315 EIGHTH ST  
ZEPHYRHILLS, FL 335424312

**New Principal Place of Business:**

**Current Mailing Address:**

5315 EIGHTH ST  
ZEPHYRHILLS, FL 335424312

**New Mailing Address:**

FEI Number: 59-3666932

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENSON, JOHN E  
5315 EIGHTH ST  
ZEPHYRHILLS, FL 335424312 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: MGRM ( ) Delete  
Name: HENSON, JOHN E  
Address: 5315 EIGHTH ST  
City-St-Zip: ZEPHYRHILLS, FL 335424312

Title: MGRM ( ) Delete  
Name: HENSON, STEVEN J  
Address: 2620 MOON ROAD  
City-St-Zip: LOGANVILLE, GA 30052

Title: MGRM ( ) Delete  
Name: HILLIARD, PATRICIA  
Address: 818 SHADWELL STREET  
City-St-Zip: FLORA, IL 62839

Title: MGRM ( ) Delete  
Name: HAUSCH, SUZANNE  
Address: 1232 LEEDS LANE  
City-St-Zip: ELK GROVE VILLAGE, IL 60007

Title: MGRM ( ) Delete  
Name: SUZANNE M. MILLER,  
Address: 2921 WAUSSUM TRAIL  
City-St-Zip: CHULUOTA, FL 32766

**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:

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 E HENSON

MGRM

03/06/2009

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