

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000028811

1. Entity Name
HENSEL FARM, LLC



Principal Place of Business
**1650 S. NARCOOSSEE ROAD
ST CLOUD, FL 34771**

Mailing Address
**1650 S. NARCOOSSEE ROAD
ST CLOUD, FL 34771**



01102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0614132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**Longbrake, Cindy Hensel
4890 Rummell Road
ST CLOUD, FL 34771**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HENSEL, ROBERT S JR
STREET ADDRESS	4700 RUMMELL RD.
CITY-ST-ZIP	ST CLOUD, FL 34771

TITLE	MGR
NAME	Longbrake, Cindy Hensel
STREET ADDRESS	4890 Rummell Road
CITY-ST-ZIP	ST CLOUD, FL 34771

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000384239
01/17/06-80004-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(407)892-3348

1-10-06