2004 LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT # M03000000954

DOCUMENT # M0300000954 1. Entity Name CONNER SERIES, LLC							OL, DEC -2 PM 3: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business Mailing Address 21 FLAXFIELD ROAD DUDLEY, MA 01571 DUDLEY, MA 01571										in series with River		
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.				10222004	REIN-LLC	CR2E	101 (6/04)		
City & State			City & State				4. FEL Numb	8020	21		plied For t Applicable	
Zip	Country		Zip	Count	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require		
6. Name and Address of Current Registered Agent								Address of Nev	Registered /	gent		
TESLOF, DONALD W							-					
5024 ITHACA LANE Street A						dress (P.O. Box Number is Not Acceptable)						
SARASOTA, FL 34243									·····			
City									FL	Zip Code	e	
			or the purpose of changing its	registere	d office of	gister	ed agent, or by	oth, in the State of	Florida. I am	amiliar with,	and accept	
the obligations of registered agent. SIGNATURE DAMA (SSU)												
SIGNATORE	Signature, typed or printed	hame of registered agent	and title if applicable. (NOT	e Vanedd	d Agent a gree		Quiff and man	1976	DATE	/-/_		
	E NOW!!! FEE IS lary 1, 2005, Fee			;		•			lake check p Ida Departm		B	
9.	N	IANAGING MEMB	ERS/MANAGERS	10.				ADDITIO	NS/CHANGES			
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CITY-ST-ZIP	DUDLEY, MA 0				ST-ZIP	10/29/04			1073001 **150.00			
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11. I hereby indicated	certity that the inform on this report is true	nation supplied wit e and accurate an	h this filing does not qualify for that my signature shall have genpoyered to exocute this	or the exe the same	mption stat e legal effe	ed in Se	ection 119.07(3 nade under oat)(i), Florida Statut th; that I am a ma	es. I turther cer naging memb	tify that the ii er or manage	ntormation er of the	
. limited lia	ability company or th	e receiver or truet	ee empowered to exocute this	report as	required k	y Chap	ter 608, Florida	Statutes.	'		-	
010115	TUDE.	161	I M				11	1/2:2/1	1 m	7-502	-575	
SIGNAT		ED OR PRINTED NAME	OF INCHING MANAGING MEMBER, M.	NAGER, OR	AUTHORIZEO	REPRESE	ENTATIVE :	Dolo)		Paytime Phone #		
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