## 2006 LIMITED LIABILITY COMPANY

**FILED** Jul 28, 2006 08:00 AM

ANNUAL REPORT				Secretary of Sta	
DOCUMENT # M0300000954  1. Entity Name					•
CONNER	SERIES, LLC				
Principal Plac	e of Business	Mailing Address			
21 FLAXFIELD ROAD  DUDLEY, MA 01571  21 FLAXFIELD ROAD  DUDLEY, MA 01571					
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				03252006 No Chg-LLC CR	2E083 (11/05)
E	O NOTEWRITE	in-this sea	CE	4. FE) Number	Applied For
, ,				01-0802027	Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	Entrated and services		Algeria de la companya de la company
TESLOF, DONALD W				DO NOT WRIT	
5024 ITHACA LANE SARASOTA, FL 34243				REGION OF THE PROPERTY OF THE	
	17,1 E 04240			IN THIS SPAC	E
8. The above	e named entity submits this statement for ti	ne purpose of changing its registe	red office or register	red agent, or both, in the State of Florida. I	am familiar with, and accept
٠ سا				•	
SIGNATURE	Signature, typed or printed name of registered agent and	title il applicable. (NOTE: Registe	red Agent signature required	d when reinstating) DA'	IE
() *D	iling Fee is \$50,00 Due by May 1, 2006				
9.	MANAGING MEMBER	S/MANAGERS	<b>第一日日前海流</b> 址		· ,
THILE	MGR				•
NAME STREET ADDRESS	ALLEN, CONRAD M				
CITY-ST-ZIP	DUDLEY, MA 01571				
TITLE	MGR			\$	
NAME STREET ADDRESS	ALLEN, PAULA K 21 FLAXFIELD ROAD			07/29/06 8000	1-022 50.00
CITY-ST-ZIP	DUDLEY, MA 01571				NOTE: 15.1
THTLE					C.:
NAME STREET ADDRESS		•			ga gair
CITY-ST-ZIP				- DO NOT WRI	
TITLE NAME				IN THIS SPACE	E
STREET ADDRESS					
CITY-ST-DP					
TITLE		, · · ·			Principle Communication
STREET ADDRESS					* *:
CITY-ST-ZIP					•
TITLE NAME .	***				e e e e e e e e e e e e e e e e e e e
STREET ADORESS					

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 final by 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 of true employered 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