

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000000957**

1. Entity Name  
**CONNER LAND TRUST, LLC**



Principal Place of Business: **21 FLAXFIELD ROAD DUDLEY, MA 01571**

Mailing Address: **21 FLAXFIELD ROAD DUDLEY, MA 01571**

**DO NOT WRITE IN THIS SPACE**



03162005 No Chg-LLC      CR2E083 (10/03)

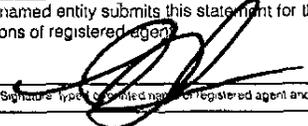
|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>01-0802027</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**TESLOF, DONALD W  
 5024 ITHACA LANE  
 SARASOTA, FL 34243**

**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:  DATE: **3/24/05**

Signature type (printed name of registered agent and title if applicable)      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2005**

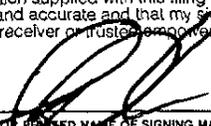
000000279462  
 03/28/05-80068-005 50.00

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>ALLEN, CONRAD M<br>21 FLAXFIELD ROAD<br>DUDLEY, MA 01571 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>ALLEN, PAULA K<br>21 FLAXFIELD ROAD<br>DUDLEY, MA 01571  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: **3/24/05** DAYTIME PHONE #: **516 400 0132**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #