2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006
Secretary of State

DOCUMENT# L99000001554

Entity Name: COMMERCIAL UTILITY ECONOMETRICS, L.L.C.

Current Principal Place of Business:

3955 NW 60 AVENUE
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

3955 NW 60 AVENUE
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 59-3564866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURGES, ADRIENNE R
3955 NW 60 AVENUE
GAINESVILLE, FL 32653 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:	BURGES, ADRIENNE R	
Address:	3955 NW 60TH AVE	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	MGRM	( ) Delete
Name:	STRUBBE, JAMES M	
Address:	1024 CHERRY ST. NE	
City-St-Zip:	ST. PETERSBURG, FL 32701 US	
Title:	MGRM	( ) Delete
Name:	BURGES, RICHARD J	
Address:	3955 NW 60 AVE	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	MGRM	( ) Delete
Name:	BIVONA, JEREMY P	
Address:	242 VINEYARD LANE	
City-St-Zip:	BIRMINGHAM, AL 35242 US	
Title:	MGRM	( ) Delete
Name:	STRUBBE CPS,	
Address:	1024 CHERRY ST NE	
City-St-Zip:	ST. PETERSBURG, FL 32701 US	
Title:	MGRM	( ) Delete
Name:	WESTPHAL, MARY ANNE	
Address:	822 NW 36 TERR	
City-St-Zip:	GAINESVILLE, FL 32605 US	

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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: ADRIENNE R. BURGES MGRM 05/05/2006

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