

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001554

FILED
Jan 06, 2009
Secretary of State

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 ()

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
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Address:
City-St-Zip:

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

Title: () Change () Addition
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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 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

MS

01/06/2009

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