

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001554

FILED  
Mar 15, 2011  
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  
Name: BURGES, ADRIENNE R  
Address: 3955 NW 60TH AVE  
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM  
Name: STRUBBE, JAMES M  
Address: 1024 CHERRY ST. NE  
City-St-Zip: ST. PETERSBURG, FL 32701 US

Title: MGRM  
Name: BURGES, RICHARD J  
Address: 3955 NW 60 AVE  
City-St-Zip: GAINESVILLE, FL 32653

Title: MGRM  
Name: STRUBBE CPS  
Address: 1024 CHERRY ST NE  
City-St-Zip: ST. PETERSBURG, FL 32701 US

Title: MGRM  
Name: WESTPHAL, MARY ANNE  
Address: 822 NW 36 TERR  
City-St-Zip: GAINESVILLE, FL 32605 US

I hereby 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

03/15/2011

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