2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003
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

New Principal Place of Business:

Current Mailing Address:

3955 NW 60 AVENUE
GAINESVILLE, FL 32653

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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	ADRIENNE BURGES,	
Address:	3955 NW 60TH AVE	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	MGRM	( ) Delete
Name:	STRUBBE, JAMES M	
Address:	1024 CHERRY ST.	
City-St-Zip:	ST. PETERSBURG, FL 32701	
Title:	MGRM	( ) Delete
Name:	COUGHLIN, KATHY	
Address:	125 ROSS LAKE RD.	
City-St-Zip:	SANFORD, FL 32771	
Title:	MGRM	( ) Delete
Name:	BIVONA, JEREMY P	
Address:	3955 NW 60TH AVE.	
City-St-Zip:	GAINESVILLE, FL 32653	
Title:	MGRM	( ) Delete
Name:	BURGES, RICHARD J	
Address:	3955 NW 60 AVE	
City-St-Zip:	GAINESVILLE, FL 32656	
Title:	MGRM	( ) Delete
Name:	WESTPHAL, MARY ANNE	
Address:	822 NW 36 TERR	
City-St-Zip:	GAINESVILLE, FL 32605	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	BURGES, ADRIENNE R	
Address:	3955 NW 60TH AVE	
City-St-Zip:	GAINESVILLE, FL 32653	
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 Section 119.07(3)(i), 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 04/14/2003

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

STRUBBE CHIROPRACTIC PROFIT SHARE
1024 NE CHERRY ST
ST. PETERSBURG, FL 32701