

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90052 041 ****50.00

DOCUMENT # L05000011776					
1. Entity Name ARDUIN, LAFFER & MOORE ECONOMETRICS, LLC					
Principal Place of Business 205 SOUTH ADAMS STREET TALLAHASSEE, FL 32301			Mailing Address 205 SOUTH ADAMS STREET TALLAHASSEE, FL 32301		
2. Principal Place of Business		3. Mailing Address PO Box 10131			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TALLAHASSEE FL		4. FEI Number 20-2350843	
Zip		Country		Zip 32302 Country	
6. Name and Address of Current Registered Agent ARDUIN ASSOCIATES, INC. 205 SOUTH ADAMS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3/27/06 Daytime Phone # 850-205-8020		