



**-2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000011776 1. Entity Name ARDUIN, LAFFER & MOORE ECONOMETRICS, LLC	
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Principal Place of Business 205 SOUTH ADAMS STREET TALLAHASSEE, FL 32301	Mailing Address POB 10131 TALLAHASSEE, FL 32301
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
07 APR 23 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02012007No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-2350843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ARDUIN ASSOCIATES, INC.  
205 SOUTH ADAMS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARDVIN, DONNA 205 S ADAMS TALLAHASSEE, FL 32301
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**BK**

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04/24/07--01054--018 \*\*50.00

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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:       4/9/07      205-8020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #