



**-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"/>	\$5.00 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

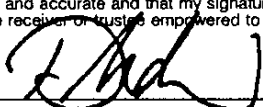
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ARDVIN, DONNA 205 S ADAMS TALLAHASSEE, FL 32301
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 #