2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2006
Secretary of State

DOCUMENT# L04000008816

Entity Name: LMC POWER & PACKAGING, LLC

Current Principal Place of Business:

733 KRAFT RD
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

733 KRAFT RD
LAKELAND, FL 33815

New Mailing Address:

FEI Number: 33-1084078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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 ( ) Delete
Name: COLE, THOMAS E
Address: 5897 WEST LAKE RD
City-St-Zip: CONESUS, NY 14435

Title: MGRM ( ) Delete
Name: MEHLENBACHER, LAWRENCE
Address: 2060 LAKEVILLE RD
City-St-Zip: AVON, NY 14414

Title: MGRM ( ) Delete
Name: MANNING, JOHN
Address: 4543 OLLIE RD
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES:

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 Chapter 119, 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: THOMAS COLL MGRM 08/29/2006

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