

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001393

Entity Name: LRM INDUSTRIES, LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

7400 SR 46
MIMS, FL 32754

New Principal Place of Business:

135 GUS HIPP BLVD
ROCKLEDGE, FL 32955

Current Mailing Address:

7400 SR 46
MIMS, FL 32754

New Mailing Address:

135 GUS HIPP BLVD
ROCKLEDGE, FL 32955

FEI Number: 20-2267069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, PERRY D. ESQ
215 S. RIVERSIDE DR, STE 12
COCOA, FL 32922 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: MGR () Delete
Name: ENVIROKARE COMPOSITE, CORPORATION
Address: 5850 T.G. LEE BLVD, STE 535
City-St-Zip: ORLANDO, FL 32822

Title: MGR () Delete
Name: NOVA CHEMICALS, INC.,
Address: 1550 CORAOPOLIS HEIGHTS RD
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: MORRIS, SALLY A
Address: 135 GUS HIPP BLVD
City-St-Zip: ROCKLEDGE, FL 32955

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: SALLY MORRIS

MGR

04/26/2006

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