2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003399

SIGNATURE:

CAA MANUFACTURING LLC Principal Place of Business Mailing Address 100 PARK PLACE 100 PARK PLACE CHAGRIN FALLS, OH 44022 CHAGRIN FALLS, OH 44022 01112006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2175152 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 Signature, typed or printed-same of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MORRIS, FATRICK MAJAE U00000541106 05/10/06-80043-019 **50.00** STREET ADDRESS 100 PARK PLACE CHAGRIN FALLS, OH 44022 CSTY-ST-ZSP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-21P 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true ead accurate and that my signature shall have the same legal effect as it made under cath, that I am a managing member or manager of the limited liability company or the appearance of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

1-11-06

Daytime Phone &

Apr 28, 2006 08:00 AM Secretary of State