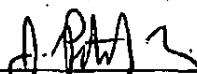


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # M05000003399 1. Entity Name CAA MANUFACTURING LLC			
Principal Place of Business 100 PARK PLACE CHAGRIN FALLS, OH 44022		Mailing Address 100 PARK PLACE CHAGRIN FALLS, OH 44022	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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) Signature, typed or printed name of registered agent and title if applicable.			
Filing Fee is \$50.00 Due by May 1, 2007			
B. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, PATRICK 100 PARK PLACE CHAGRIN FALLS, OH 44022		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: PATRICK MORRIS, MANAGER 		Date: 2-24-07 Daytime Phone #: 440-247-1610	