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

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003399

1. Entity Name
CAA MANUFACTURING LLC

Principal Place of Business	Mailing Address
100 PARK PLACE CHAGRIN FALLS, OH 44022	100 PARK PLACE CHAGRIN FALLS, OH 44022

DO NOT WRITE IN THIS SPACE

02242007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
41-2175152
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MORRIS, PATRICK
STREET ADDRESS	100 PARK PLACE
CITY-ST-ZIP	CHAGRIN FALLS, OH 44022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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06/01/07-80003-025 50.00

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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: PATRICK MORRIS, MANAGER 2-24-07 440-247-1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #