2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001744

Entity Name: WORKHORSE CUSTOM CHASSIS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
600 CENTRAL AVE., SUITE 214 HIGHLAND PARK, IL 60035	4201 WINFIELD ROAD WARRENVILLE, IL 60555

Current Mailing Address:	**New Mailing Address:**
600 CENTRAL AVE., SUITE 214 HIGHLAND PARK, IL 60035	4201 WINFIELD ROAD WARRENVILLE, IL 60555

FEI Number: 36-4244734   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US	

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:

		ADDITIONS/CHANGES:	
Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	GRAND VEHICLE WORKS, HOLDINGS CORPO R ATION	Name:	LANNERT, ROBERT C
Address:	600 CENTRAL AVE., SUITE 214	Address:	4201 WINFIELD ROAD
City-St-Zip:	HIGHLAND PARK, IL 60035	City-St-Zip:	WARRENVILLE, IL 60555
Title:	( ) Delete	Title:	MGR ( ) Change (X) Addition
Name:		Name:	USTIAN, DANIEL C
Address:		Address:	4201 WINFIELD ROAD
City-St-Zip:		City-St-Zip:	WARRENVILLE, IL 60555

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: DANIEL C. USTIAN   MGR   02/24/2006
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date