

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000002738 1. Entity Name WPA - N2, LLC	
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Principal Place of Business 1000 EAST 80TH PLACE, SUITE 700 NORTH MERRILLVILLE, IN 46410	Mailing Address 1000 EAST 80TH PLACE, SUITE 700 NORTH MERRILLVILLE, IN 46410
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01142006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0264145	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____ 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, 2006**

000000420542
02/15/06 80060-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WPA DEVELOPMENT, LLC 1000 EAST 80TH PLACE, SUITE 700 NORTH MERRILLVILLE, IN 46410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERMAN, JOHN M 100 EAST 80TH PLACE SUITE 700 NORTH MERRILLVILLE, IN 46410
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IN THIS SPACE**

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.

WPA Development, LLC, Manager

SIGNATURE: _____, Manager

January 17, 2006 219-769-6601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #