

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Feb 21, 2006  
Secretary of State

DOCUMENT# M00000002491

Entity Name: WHITECO RESIDENTIAL, LLC

**Current Principal Place of Business:**

1000 EAST 80TH PLACE  
SUITE 700 NORTH  
MERRILLVILLE, IN 46410

**New Principal Place of Business:**

**Current Mailing Address:**

1000 EAST 80TH PLACE  
SUITE 700 NORTH  
MERRILLVILLE, IN 46410

**New Mailing Address:**

FEI Number: 36-4287271      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR ( ) Delete  
Name: PETERMAN, JOHN M  
Address: 1000 EAST 80TH PLACE, SUITE 700 NORTH  
City-St-Zip: MERRILLVILLE, IN 46410

Title: MGR ( ) Delete  
Name: KACKOS, DENNIS E  
Address: 1000 EAST 80TH PLACE, SUITE 700 NORTH  
City-St-Zip: MERRILLVILLE, IN 46410

Title: MGR ( ) Delete  
Name: WHITE, CRAIG A  
Address: 404 SOUTH 8TH STREET, SUITE 310  
City-St-Zip: BOISE, ID 83702

Title: MGR ( ) Delete  
Name: CONNELLY, TIMOTHY J  
Address: 1000 EAST 80TH PLACE, SUITE 700 NORTH  
City-St-Zip: MERRILLVILLE, IN 46410

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: WHITE, CRAIG A  
Address: 136 HERBER - SUITE 204  
City-St-Zip: PARK CITY, UT 84060

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOEL G. MEYERS

VP

02/21/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date