


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000001479

1. Entity Name
WPA DEVELOPMENT, LLC



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



01142006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 35-2176280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PETERMAN, JOHN M 1000 EAST 80TH PLACE, SUITE 700 NORTH MERRILLVILLE, IN 46410
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03/16/06-80014-007 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: _____ **March 3, 2006 219-769-6601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #