2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M04000002738

1. Entity Name
WPA - N2, 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

01142006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0264145
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ 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

000U09420542
02/15/06 80060-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WPA DEVELOPMENT, LLC
STREET ADDRESS	1000 EAST 80TH PLACE, SUITE 700 NORTH
CITY-ST-ZIP	MERRILLVILLE, IN 46410
TITLE	MGR
NAME	PETERMAN, JOHN M
STREET ADDRESS	100 EAST 80TH PLACE SUITE 700 NORTH
CITY-ST-ZIP	MERRILLVILLE, IN 46410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 #

John M. Peterman