

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90056 048 \*\*\*\*50.00

<b>DOCUMENT # M04000002738</b>					
<b>1. Entity Name</b> WPA - N2, LLC					
<b>Principal Place of Business</b> 1000 EAST 80TH PLACE, SUITE 700 NORTH MERRILLVILLE, IN 46410			<b>Mailing Address</b> 1000 EAST 80TH PLACE, SUITE 700 NORTH MERRILLVILLE, IN 46410		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 30-0264145	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WPA DEVELOPMENT, LLC 1000 EAST 80TH PLACE, SUITE 700 NORTH MERRILLVILLE, IN 46410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PETERMAN, JOHN M 100 EAST 80TH PLACE SUITE 700 NORTH MERRILLVILLE, IN 46410	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PETERMAN, JOHN M 100 EAST 80TH PLACE SUITE 700 NORTH MERRILLVILLE, IN 46410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PETERMAN, JOHN M 100 EAST 80TH PLACE SUITE 700 NORTH MERRILLVILLE, IN 46410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PETERMAN, JOHN M 100 EAST 80TH PLACE SUITE 700 NORTH MERRILLVILLE, IN 46410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PETERMAN, JOHN M 100 EAST 80TH PLACE SUITE 700 NORTH MERRILLVILLE, IN 46410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PETERMAN, JOHN M 100 EAST 80TH PLACE SUITE 700 NORTH MERRILLVILLE, IN 46410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PETERMAN, JOHN M 100 EAST 80TH PLACE SUITE 700 NORTH MERRILLVILLE, IN 46410	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> _____			January 15, 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			219-769-6601		

60005303



01052007 Chg-LLC CR2E083 (12/06)

Applied For  
Not Applicable

FL