

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000076754

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** NOBLE NET LEASE IIIIF, LLC

**Current Principal Place of Business:**

5821-C LAKE WORTH ROAD  
GREENACRES, FL 33463

**New Principal Place of Business:**

4280 PROFESSIONAL CENTER DRIVE  
SUITE 100  
PALM BEACH GARDENS, FL 33410 US

**Current Mailing Address:**

5821-C LAKE WORTH ROAD  
GREENACRES, FL 33463

**New Mailing Address:**

4280 PROFESSIONAL CENTER DRIVE  
SUITE 100  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 45-2699986

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIDEL, PETER S ESQ.  
5819 LAKE WORTH ROAD  
GREENACRES, FL 33463 US

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

SIDEL, PETER S ESQ.  
4280 PROFESSIONAL CENTER DRIVE  
SUITE 110  
PALM BEACH GARDENS, FL 33410 US

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: PETER S. SIDEL, ESQUIRE

03/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** NOBLE NET LEASE III, LLC  
**Address:** 4280 PROFESSIONAL CENTER DRIVE, SUITE 100  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US

I hereby 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: TRACI L. AMBROSINO

MGR

03/14/2012

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