


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90070 001 \*1,200.00

<b>DOCUMENT # M04000003326</b>	
1. Entity Name NNN RESERVE AT MAITLAND 23, LLC	

Principal Place of Business 1551 N. TUSTIN AVENUE, SUITE 200 SANTA ANA, CA 92705	Mailing Address 1551 N. TUSTIN AVENUE, SUITE 200 SANTA ANA, CA 92705
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**30007848**



**DO NOT WRITE IN THIS SPACE**

04272006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-1238281	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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	MGRM THE RICHARD P. CARNEY REVOCABLE TRUST 2088 ESTERO BLVD., UNIT 3-G FT. MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Triple Net Properties, LLC 1551 North Tustin Ave. Ste #200 Santa Ana, CA 92705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Linda Duer Linda Duer 4/30/06

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