


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90096 001 \*\*\*350.00

**DOCUMENT # M05000002718**


1. Entity Name  
 NNN NAPLES TAMiami TRAIL 8, LLC



|  |  |
|--|--|
| Principal Place of Business<br>1551 N. TUSTIN AVE., SUITE 200<br>SANTA ANA, CA 92705 | Mailing Address<br>1551 N. TUSTIN AVE., SUITE 200<br>SANTA ANA, CA 92705 |
|--|--|

**DO NOT WRITE IN THIS SPACE**

**30013210**



08172006 No Chg-LLC      CR2E083 (11/05)

|  |   |
|--|---|
| 4. FEI Number<br>NOT APPLICABLE                              | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                             |

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>BROOKS, JAMES S<br>1935 LARGON LANE<br>ALTA, NY 83414                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>TRIPLE NET PROPERTIES, LLC<br>1551 N. TUSTIN AVE #200<br>SANTA ANA, CA 92705 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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.

SIGNATURE: *Amcluder*      9/11/06

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