

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

5/1 **FILED**  
**Jun 23, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90071 001 \*1,700.00

**DOCUMENT # M05000004872**

1. Entity Name  
**NNN MAITLAND PROMENADE 32, LLC**



Principal Place of Business  
**1551 N. TUSTIN AVE., SUITE 200  
 SANTA ANA, CA 92705**

Mailing Address  
**1551 N. TUSTIN AVE., SUITE 200  
 SANTA ANA, CA 92705**

**30011052**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

9. **MANAGING MEMBERS/MANAGERS**

10. **ADDITIONS/CHANGES**

TITLE: **MGRM**  Delete  
 NAME: **CG14 L.P.**  
 STREET ADDRESS: **11302 SEDA PLACE**  
 CITY - ST - ZIP: **SAN DIEGO, CA 92124**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Delete  
 NAME: **Manager**  
 STREET ADDRESS: **Triple Net Properties, LLC**  
 CITY - ST - ZIP: **1551 North Tustin Ave. Ste #200  
 Santa Ana, CA 92705**

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY - ST - ZIP:

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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #