

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Nov 03, 2009  
Secretary of State**

DOCUMENT# M06000003644

Entity Name: NNN AVENTURA HARBOUR CENTRE 14, LLC

**Current Principal Place of Business:**

1551 NORTH TUSTIN AVENUE, SUITE 200  
SANTA ANA, CA 92705

**New Principal Place of Business:**

**Current Mailing Address:**

1551 NORTH TUSTIN AVENUE, SUITE 200  
SANTA ANA, CA 92705

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, STE 4  
WESTON, FL 33331 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: JOSE CASTELLANOS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLACKOFF, EDWARD TRUSTEE  
Address: 414 PIER AVENUE, #104  
City-St-Zip: SANTA MONICA, CA 90405

Title: MGRM ( ) Delete  
Name: BLACKOFF, SASA TRUSTEE  
Address: 414 PIER AVENUE, #104  
City-St-Zip: SANTA MONICA, CA 90405

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: EDWARD BLACKOFF

MGRM

11/03/2009

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