MU6000005757

(Req	juestor's Name)			
(Add	lress)			
(Add	lress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bus	iness Entity Na	me)		
(Doc	cument Number)			
Certified Copies	Certificate	s of Status		
Special Instructions to F	iling Officer:			

Office Use Only



000080441170

DECT 18 PH 2: 46

OG OCT 18 AM 9: 10
SECRE LANY OF STATE
SECRE LANY OF STATE



ACCOUNT NO. : 072100000032

REFERENCE : 535211 4305

7

AUTHORIZATION :

COST LIMIT : \$ 160.06

ORDER DATE: October 18,. 2006

ORDER TIME : 12:56 PM

ORDER NO. : 535211-005

CUSTOMER NO: 4305738

FOREIGN FILINGS

NAME: NNN DCF CAMPUS 21, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Pollye Janisse -- EXT# 2954

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.50: LIMITED LIABILITY COMPANY TO TRANSA			REGISTER A FOREIGN
1. NNN DCF Campus 21, LLC			Ell of
(Name	of Foreign Limited Liability	Company)	700
Delaware (Jurisdiction under the law of which fore company is organized)	ign limited liability 3. N/	(FEI number, if applicable	3550F 35
4. October 16, 2006 (Date of Organization)	<u> </u>	Perpetual uration: Year limited liability comparist or "perpetual")	ny will cease to
6. Upon filing of application (Date first tran (See sections 60)	sacted business in Florida, if 8.501 & 608.502 F.S. to dete	prior to registration.)	
7. 1551 N Tustin Avenue, Suite	200		
Santa Ana, CA 92705			
	(Street Address of Prince	pipal Office)	
8. If limited liability company is a r	nanager-managed comp	any, check here	
9. The name and usual business add	lresses of the managing	members or managers are as fo	ollows:
James C. Cannon			
1756 Swann Street NW			
Washington, D.C. 20009			·
10. Attached is an original certificate of existe the jurisdiction under the law of which it is or translation of the certificate under eath of the	ganized. (A photocopy is not	, duly authenticated by the official hav acceptable. If the certificate is in a fore	ing custody of records in eign language, a
11. Nature of business or purposes	to be conducted or prom	oted in Florida:	
Real Estate			•
	ucul Sul	and	
(In accordance wi		ed representative of a member. execution of this document constitutes the facts stated herein are true.)	
	Priscilla Dillard	o o o o o o o o o o o o o o o o	•
	Typed or printed name	of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The	name of the Limited Liability Company is:	
NNN	N DCF Campus 21, LLC	
2. The	name and the Florida street address of the registered agent and office are:	
	Corporation Service Company	
	(Name)	
	1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee FL 32301 City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Company

By: Olleg Janusse

Pollye E. Janisse as its agent

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NNN DCF CAMPUS 21, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NNN DCF CAMPUS 21, LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2006.

Warriet Smith Hinds
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5119286

DATE: 10-17-06

4236007 8300

060948038