2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000001556

1. Entity Name
NNN NETPARK 3, LLC

Principal Place of Business	Mailing Address
1551 N TUSTIN AVE, #200 SANTA ANA, CA 92705	1551 N TUSTIN AVE, #200 SANTA ANA, CA 92705

DO NOT WRITE IN THIS SPACE

04202005No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
53-7229175		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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_____

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, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JOSEPH & MARYLYN LIGHTFOOT LIVING TRUST
STREET ADDRESS	3300 ISLAND CREST WAY
CITY·ST·ZIP	MERCER ISLAND, WA 98040
TITLE	
NAME	
STREET ADDRESS	
CITY·ST·ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY·ST·ZIP	

U00000358052
05/04/05-80098-009 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ _Ann Trice_ _4/24/05_ _2/4667252_

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