2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000135246

Entity Name: NOBLE NET LEASE FL F, LLC

Current Principal Place of Business:

4280 PROFESSIONAL CENTER DRIVE SUITE 100 PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4280 PROFESSIONAL CENTER DRIVE SUITE 100 PALM BEACH GARDENS, FL 33410 US

FEI Number: 30-0743850

Name and Address of Current Registered Agent:

FERNANDEZ, CRISTIAN J ESQ. 4280 PROFESSIONAL CENTER DRIVE SUITE 110 PALM BEACH GARDENS, FL 33410 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 | CRISTIAN J. FERNANDEZ | | 02/16/2015 |
|-------------------------------|--|-----------------|---|
| | Electronic Signature of Registered Agent | | Date |
| Authorized Person(s) Detail : | | | |
| Title | MGRM | Title | MANAGER |
| Name | HART CENTERS VIII, LTD. | Name | FORBERGER, PAUL |
| Address | 4280 PROFESSIONAL CENTER DRIVE, SUITE 100 | Address | 4280 PROFESSIONAL CENTER DRIVE SUITE 100 |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 | City-State-Zip: | PALM BEACH GARDENS FL 33410 |
| Title | MANAGER | | |
| Name | AMBROSINO, TRACI L | | |
| Address | 4280 PROFESSIONAL CENTER DRIVE SUITE 100 | | |
| City-State-Zip: | PALM BEACH GARDENS FL 33410 | | |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACI L. AMBROSINO

MANAGER

02/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date