

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000089985

**FILED**  
**Feb 16, 2015**  
**Secretary of State**  
**CC0368109236**

**Entity Name:** NOBLE NET LEASE PARTNERS II, LLC

**Current Principal Place of Business:**

4280 PROFESSIONAL CENTER DR, STE. 100  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4280 PROFESSIONAL CENTER DR, STE. 100  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 37-1697187

**Certificate of Status Desired:** No

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

FERNANDEZ, CRISTIAN J ESQ.  
4280 PROFESSIONAL CENTER DR, STE. 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           | MGR                                      | Title           | MGR                                      |
| Name            | AMBROSINO, TRACI L                       | Name            | FORBERGER, PAUL                          |
| Address         | 4280 PROFESSIONAL CENTER DR,<br>STE. 100 | Address         | 4280 PROFESSIONAL CENTER DR,<br>STE. 100 |
| City-State-Zip: | PALM BEACH GARDENS FL 33410              | 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

Date