

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003644

**Entity Name:** NNN AVENTURA HARBOUR CENTRE 14, LLC

**Current Principal Place of Business:**

17242 WATKINS ST  
GOODYEAR, AZ 85338

**Current Mailing Address:**

17242 WATKINS ST  
GOODYEAR, AZ 85338 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AUTHORIZED PERSON  
Name            BLACKOFF, EDWARD  
Address        17242 WATKINS ST  
City-State-Zip: GOODYEAR AZ 85338

Title            MEMBER  
Name            REVOCABLE LIVING TRUST OF  
                  EDWARD AND SASA BLACKOFF  
Address        17242 WATKINS ST  
City-State-Zip: GOODYEAR AZ 85338

*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:** EDWARD BLACKOFF

**AUTHORIZED PERSON**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date