FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A98000001499

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



| NNN/1031 NO. 2 LIMITED PARTNERSHIP | | | | | | |
|--|---|---|---|---|--|--|
| Mailing Address 3501 S.W. CORPORATE PARKWAY PALM CITY FL 34990 | Principal Office Address 3501 S.W. CORPORATE PARKWAY PALM CITY FL 34990 | | | 3. Date Formed or Registered 06/18/1998 3a. Date of Last Report | 5a. Capital Contributions as Shown on record. \$100.00 5b. Amount of Capital Contributions in FLORIDA | |
| 2. Mailing Address Suite, Apt. #, etc. | 2a. Principal Office Address Suite, Apt. #, etc. | | | 4. State or Country of Formation FL 6. FEI Number | \$100 - 00 | |
| City & State Zip Country | City & State Zip Country | | | 7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information) | | |
| 9 Name and Address of Current Registered Agent | | 1 | 10. If changed, new Registered Agent/Office | | | |
| 9. Name and Address of Current Registered Agent | | Name | | | | |
| PETER D. CUMMINGS & ASSOCIATES, INC. 3501 S.W. CORPORATE PARKWAY PALM CITY FL 34990 | | Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. | | | | |
| , , <u></u> | | City FL Zip Code | | | | |
| for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | | | | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each General | l Partner x Numbers) | 11b. | City, State & Zip Code | 11c. Registration/ Document Number | |
| NNN/1031 GP, INC. | 3501 S.W. CORPORATE P | | PALM CITY FL 34990 | | F98000002126 | |
| | | | | 7000026 -11/03/ ****14 | 79207_0 98-01053-008 1.25 ****141.25 | |
| • | | | | AL | | |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. | | | | | | |
| 12. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. NNN / 1031 GP, Inc. SIGNATURE by: | | | | | | |
| Typed or Printed Name of General Partner Signing Form DONALO (- CHASEN Daytime Telephone Number (561) 288-0788 | | | | | | |