


2007 LIMITED PARTNERSHIP ANNUAL REPORT --
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # B05000000042	
1. Entity Name NATIONAL RETAIL PROPERTIES, LP	

Principal Place of Business 450 S. ORANGE AVE SUITE 900 ORLANDO, FL 32801	Mailing Address 450 S. ORANGE AVE SUITE 900 ORLANDO, FL 32801
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04262007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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.

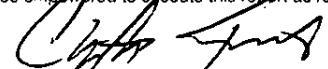
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F00000005806	STREET ADDRESS	
NAME	CNLR GP CORP	CITY-ST-ZIP	
STREET ADDRESS	450 S. ORANGE AVE		
CITY-ST-ZIP	ORLANDO, FL 32801		
DOCUMENT #		STREET ADDRESS	U00000748621
NAME		CITY-ST-ZIP	05/17/07-80076-024 500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **Christopher P. Tessitore**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **as Secretary of the General Partner** **4/29/07** **407-265-7348**
Date Daytime Phone #

STAPLE CHECK HERE