

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F06000005219

FILED
Sep 18, 2008
Secretary of State**Entity Name:** NNN BROKERAGE SERVICES, INC.**Current Principal Place of Business:**450 S ORANGE AVE SUITE 900
ORLANDO, FL 32801 US**New Principal Place of Business:****Current Mailing Address:**450 S ORANGE AVE SUITE 900
ORLANDO, FL 32801 US**New Mailing Address:****FEI Number:** 02-0783560**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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**OFFICERS AND DIRECTORS:**

Title: DCEO () Delete
Name: MACNAB, CRAIG
Address: 450 S ORANGE AVE SUITE 900
City-St-Zip: ORLANDO, FL 32801 US

Title: DVT () Delete
Name: HABICHT, KEVIN B
Address: 450 S ORANGE AVE SUITE 900
City-St-Zip: ORLANDO, FL 32801 US

Title: DP () Delete
Name: WHITEHURST, JULIAN E
Address: 450 S ORANGE AVE SUITE 900
City-St-Zip: ORLANDO, FL 32801 US

Title: VSEC () Delete
Name: TESSITORE, CHRISTOPHER P
Address: 450 S ORANGE AVE SUITE 900
City-St-Zip: ORLANDO, FL 32801 US

Title: VP () Delete
Name: NORTHAM, MICHAEL W.T.
Address: 450 S ORANGE AVE SUITE 900
City-St-Zip: ORLANDO, FL 32801 US

Title: EVP () Delete
Name: BAYER, PAUL E
Address: 450 S. ORANGE AVE. SUITE 900
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WILLIAMS, MATTHEW J
Address: 450 S ORANGE AVE SUITE 900
City-St-Zip: ORLANDO, FL 32801 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER P. TESSITORE

SEC

09/18/2008

Electronic Signature of Signing Officer or Director_____
Date