

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008663

FILED
Apr 25, 2007
Secretary of State

Entity Name: NNN BJ'S ORLANDO FL, LLC

Current Principal Place of Business:

450 SOUTH ORANGE AVENUE
SUITE 900
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

450 SOUTH ORANGE AVENUE
SUITE 900
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3664513

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COMMERCIAL NET LEASE, REALTY, INC.
Address: 450 S. ORANGE AVENUE, STE 900
City-St-Zip: ORLANDO, FL 32801

Title: SEC () Delete
Name: WHITEHURST, JULIAN E
Address: 450 S. ORANGE AVENUE, STE 900
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NATIONAL RETAIL PROP, ERTIES, INC.
Address: 450 S. ORANGE AVENUE, STE 900
City-St-Zip: ORLANDO, FL 32801 US

Title: S (X) Change () Addition
Name: TESSITORE, CHRISTOPHER P
Address: 450 S. ORANGE AVENUE, STE 900
City-St-Zip: ORLANDO, FL 32801 US

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 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 608, Florida Statutes.

SIGNATURE: CHRISTOPHER P. TESSITORE

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04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date