

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008663

FILED  
Apr 24, 2008  
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:

450 SOUTH ORANGE AVENUE  
SUITE 900  
ORLANDO, FL 32801 US

## Current Mailing Address:

450 SOUTH ORANGE AVENUE  
SUITE 900  
ORLANDO, FL 32801

## New Mailing Address:

450 SOUTH ORANGE AVENUE  
SUITE 900  
ORLANDO, FL 32801 US

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: NATIONAL RETAIL PROP, ERTIES, INC.  
Address: 450 S. ORANGE AVENUE, STE 900  
City-St-Zip: ORLANDO, FL 32801 US

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

## ADDITIONS/CHANGES:

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

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 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

SEC

04/24/2008

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