


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000003335</b> 1. Entity Name TRIPLE NET PROPERTIES, LLC	
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Principal Place of Business 1551 N. TUSTIN AVE. #200 SANTA ANA, CA 92705 US	Mailing Address 1551 N. TUSTIN AVE. #200 SANTA ANA, CA 92705 US
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07112006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 33-0802019	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by September 6, 2006**

U000000573154  
08/02/06-80004-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, ANTHONY W 1551 N. TUSTIN AVE., SUITE 650 SANTA ANA, CA 92705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAURER, JACK R 1551 N. TUSTIN AVE., SUITE 650 SANTA ANA, CA 92705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOORHIES, TALLE A 1551 N. TUSTIN AVE., SUITE 650 SANTA ANA, CA 92705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAKER, DANIEL R 481 CARLISLE DRIVE HERNDON, VA 22020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/27/06

Date

Daytime Phone #