

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90048 017 ****50.00

DOCUMENT # M02000003335

1. Entity Name

TRIPLE NET PROPERTIES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
701 East Byrd Street

3. Mailing Address
P.O. Box 500

Suite, Apt. #, etc.
15th Floor

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Richmond, Virginia

City & State
Richmond, Virginia

4. FEI Number
33-0802019

Applied For
Not Applicable

Zip
23219

Country
USA

Zip
23218-0500

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LexisNexis Document Solutions Inc.
Street Address (P.O. Box Number is Not Acceptable)
3953 W. W. Kelley Road

City
Tallahassee

FL

Zip Code
32311

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board of Managers
Anthony W. Thompson
1551 N. Tustin Avenue, Suite 650
Santa Ana, CA 92705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board of Managers
Jack R. Maurer
1551 N. Tustin Avenue, Suite 650
Santa Ana, CA 92705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board of Managers
Talle A. Voorhies
1551 N. Tustin Avenue, Suite 650
Santa Ana, CA 92705

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Board of Managers
Daniel R. Baker
481 Carlisle Drive
Herndon, Virginia 22020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Anthony W. Thompson, Manager

Date:

3/6/03

Daytime Phone #

(714) 667-8252

CR2E083B (12/01)