

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

APPROVED  
AND  
FILED

04 APR 27 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M03000000530

1. Entity Name

NNN BUSCHWOOD 1, LLC



Principal Place of Business

701 EAST BYRD STREET, 15TH FLOOR  
RICHMOND VA 23219

Mailing Address

701 EAST BYRD STREET, 15TH FLOOR  
RICHMOND VA 23219

2. Principal Place of Business

1551 N. Tustin Ave.

3. Mailing Address

1551 N. Tustin Ave.

Suite, Apt. #, etc.

#200

Suite, Apt. #, etc.

#200

City & State

Santa Ana, CA

City & State

Santa Ana, CA

Zip

92705

Country

U.S.

Zip

92705

Country

U.S.

MOORE

CR2E083 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME THE WELLINGS FAMILY TRUST DATED 7/29/86  
STREET ADDRESS 770 MENLO AVE., STE 100  
CITY-ST-ZIP MENLO PARK CA 94025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 600035807216  
STREET ADDRESS 05/10/04--01046--002 \*\*400.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Timothy F. Wellings Jr. TIMOTHY F. WELLINGS JR.

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

3/27/04

650-321-0622

Date

Daytime Phone #