2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE: Linda Due Linda Due SIGNATURE and Typed or Printed name of Signing Managing Member, or authorized representative

DOCUMENT # M03000000530

1. Entity Name
NNN BUSCHWOOD 1, LLC



Principal Place of Business

1551 N TUSTIN AVE, #200 SANTA ANA, CA 92705

CLTY - ST - ZIP

Mailing Address

1551 N TUSTIN AVE, #200 SANTA ANA, CA 92705

FILED May 10, 2006 8:00 am Secretary of State

05-10-2006 90069 001 ***650.00

30007811



04262006 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional quired

6. Name and Address of Current Registered Agent

LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

DO	NO	T W	/RIT	E
IN	THIS	SSF	PAC	E

the obligat	lions of registered agent.		
SIGNATURE.	Signature, typed or printed name of registered agent and bits if applicable.	(NOTE: Registered Agent signature required when reinstatung)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE WELLINGS FAMILY TRUST DATED 7/29/86 770 MENLO AVE., STE 100 MENLO PARK, CA 94025		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Triple Net Properties, LLC 1551 North Tustin Ave. Ste #200 Santa Ana, CA 92705		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filling 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.

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

ATTACHMENT 30007811

LLC Annual Report		
NNNN Buschwood, LLC		
Company Name	Decument#	Amount
NNNN Buschwood 1, LLC	M0300000530	\$50.00
NNNN Buschwood 10, LLC	M03000000830	\$50.00
NNNN Buschwood 11, LLC	M0300000862	\$50.00
NNNN Buschwood 12, LLC	M0300000919	\$50.00
NNNN Buschwood 2, LLC	M0300000544	\$50.00
NNNN Buschwood 3, LLC	M0300000534	\$50.00
NNNN Buschwood 4, LLC	M0300000569	\$50.00
NNNN Buschwood 5, LLC	M0300000545	\$50.00
NNNN Buschwood 6, LLC	M0300000532	\$50.00
NNNN Buschwood 7, LLC	M0300000679	\$50.00
NNNN Buschwood 8, LLC	M0300000762	\$50.00
NNNN Buschwood 9, LLC	M0300000529	\$50.00
NNNN Buschwood, LLC	M0300000568	\$50.00
	Grand Total	\$650.00