

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

APPROVED
AND
FILED

04 APR 27 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000000532

1. Entity Name

NNN BUSCHWOOD 6, LLC



Principal Place of Business

701 EAST BYRD STREET, 15TH FL
RICHMOND VA 23219

Mailing Address

701 EAST BYRD STREET, 15TH FL
RICHMOND VA 23219

2. Principal Place of Business

1551 N. TUSTIN AVE

Suite, Apt. #, etc.

#200

3. Mailing Address

1551 N. TUSTIN AVE

Suite, Apt. #, etc.

#200

City & State

Santa Ana CA

Zip
92705

Country
US

City & State

Santa Ana CA

Zip
92705

Country
US

4. FEI Number

557-367456

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

MOORE

CR2E083 (11/03)



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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
THE ROBERT M. BROWN REVOCABLE LIVING TRUST
7716 E. WILDFLOWER AVENUE
ORANGE CA 92869

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300035807163
05/10/04--01046--002 **400.00

☐ Change

☐ Addition

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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

3/24/04

Date

(714) 633-4694

Daytime Phone #