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(F	Requestor's Name)	
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ACCOUNT FILING COVER SHEET

ACCOUNT INTER: FCA00000005
REFERENCE: 1777733-3 (Sub Account)
DATE: $\frac{2/12}{}$
REQUESTOR HAME: Lexis Document Services
ADDRESS: Lexis Document Services ADDRESS:
TELEPHONE: () () oxt ()
CONTACT NAME:
CORPORATION NAME: NNN BUSCHWOOD 6, LLC
DOCUMENT NUMBER:(if applicable)
CERTIFIED COPY (1-9) 2 Sets Please. CERTIFICATE OF STATUS (1-9) 2 CUS Please. PLAIN STAMPED COPY
) Call When Ready () Call if Problem () After 4:30) Walk In () Hill Walt () Pick Up) Hail Out

195.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN - LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

NNN Buschwood 6, LLC	
	(Name of foreign limited liability company)
2. Delaware	3.
(Jurisdiction under the law of which foreig company is organized)	gn limited liability (FEI number, if applicable)
January 9, 2003	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
	of this Application for Authority ness in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
·	
. 701 East Byrd Street, 15th Flo	oor, Richmond, Virginia 23219
	(Street address of principal office)
. If limited liability company is a m	anager-managed company, check here
. The name and usual business addr	resses of the managing members or managers are as follows:
The Robert M. Brown Revoca	able Living Trust dated 12/21/88
7716 E. Wildflower Avenue, C	Orange, California 92869
	
<u> </u>	nce, no more than 90 days old, duly authenticated by the official having custody of record is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a the translator must be submitted.)
1. Nature of business or purposes to	o be conducted or promoted in Florida: real estate transaction
Jan	M. Som , Soute
	member or an authorized representative of a member. section 608.408(3), F.S., the execution of this document constitutes
	er the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Robert M. Brown, Trustee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

ĺ.	The	name	of the	Limited	Liabili	ity	Company	is:
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NNN Buschwood 6, LLC

2. The name and the Florida street address of the registered agent and office are:

LexisNexis Document Solutions Inc.

(Name)

3953 W. W. Kelley Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Tallahassee, Florida 3231

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

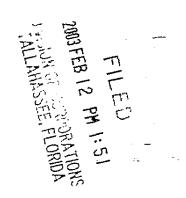
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NNN BUSCHWOOD 6, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2003.





Warriet Smith Hindson
Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2195482

DATE: 01-09-03

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