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11/20/06--01044--002 **250.00

SECRETARY OF STATE



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	ed liability company is: NNN	Buschwood 2, LLC		
	f the limited liability company		······································	······································
1551 N Tustin Avenue, Suit	e 200, ATTN: Entity Compliance	Manager, Santa Ana, CA 92705		
2/13/2003		M0300000544		
		4. Document number	·	
5. The name of the registor Florida Department of	ered agent and the registered of State:	ffice address as shown on the recor	ds of t	he
•	LexisNexis Document Solution	S		
	Name	;		
	1201 Hays Street			.
	Addre	SS	26	Ξω
Tallahassee, FL 32301			5	200
City, State and Zip			5	조유 0번_
6. The name and address of the new registered agent and/or office:		d/or office:	2006 NOV 20	FILEC ARY O
	NRAI Services, Inc.		PM	PIST ST
	Name	,	Ë	TATE RATIONS
	2731 Executive Park Drive, Sui	e 4	6	ENS.
	Florida street address (P.O.	Box NOT acceptable)		
	Weston FL	33331		
	City, State an	d Zip		
confirmed that after the c and the business office of liability company, it is he the members of the limite	hange or changes are made, the the registered agent will be in reby confirmed that the changed liability company or as other of the limited liability company.	he laws of the State of Florida, it is e Florida street address of the regis lentical. Or, in the case of a Florida e(s) was/were authorized by an affirwise provided in the articles of orgy.	tered o a limite rmativ	office ed e vote of
Paul J. Hagan, attorney-in- (Printed or typed name of signee I hereby accept the appro- comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm MRAI Services (Inc.)	nd agree to act in this capacity. I further performance proper and complete performance position as registered agent as proper merely reflect a change in the regional has been notified in writing of	orther of my ovided stered this co	agree to duties, for in office hange.
Paul J. Hagan, Assistant S Divisi	ecretary on of Corporations, P.O. Box	x 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18(10/99)