2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M03000000830

1. Entity Name

NNN BUSCHWOOD 10, LLC



Mailing Address

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

Principal Place of Business

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

FILED May 02, 2005 08:00 AM Secretary of State



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04202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 51-0248620

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

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| | named entity submits this statement for the purpose of chains of registered agent. | inging its registered office or registered agent, or bot | h, in the State of Florida. I am familiar with, and accept |
|---------------------------------------|--|--|--|
| SIGNATURE_ | Signature, typed or printed name of registered agent and title if applicable. | (NOTE, Registered Agent signature required when reinstating) | DATE |
| Fi Di | lling Fee is \$50.00 ue by May 1, 2005 | | |
| 9. | MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ELLINGSON, JOHN D TRUSTEE 10160 KINGMAN ROAD LANCASTER, KS 66041 | | 1000000358110 05704705-80102-008 50 00 |

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

JRE: AUN TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE