2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M03000000862

1. Entity Name
NNN BUSCHWOOD 11, LLC

Principal Place of Business	Mailing Address
1551 N TUSTIN AVE, #200 SANTA ANA, CA 92705	1551 N TUSTIN AVE, #200 SANTA ANA, CA 92705

DO NOT WRITE IN THIS SPACE

04202005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
74-1189806	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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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
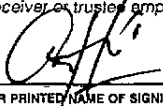
Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MCNAIR ENTERPRISES LIMITED PARTNERSHIP
STREET ADDRESS	7806 VALBURN DRIVE
CITY-ST-ZIP	AUSTIN, TX 78731

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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05/04/05-80102-009 50.00

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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: _____   Ann Trieu   4/28/05   7146678252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #