

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

APPROVED  
AND  
FILED

04 APR 27 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M03000000919

1. Entity Name

NNN BUSCHWOOD 12, LLC



Principal Place of Business

701 EAST BYRD STREET, 15TH FLOOR  
RICHMOND VA 23219

Mailing Address

701 EAST BYRD STREET, 15TH FLOOR  
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



MOORE CR2E083 (11/03)

City & State

Santa Ana CA

City & State

Santa Ana CA

4. FEI Number

84-6292110

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

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 - MGR ☐ Delete  
NAME THE CHRISTINE MUCHEMORE FENIMORE TRUST  
STREET ADDRESS 6736 W. ROWLAND AVENUE  
CITY-ST-ZIP LITTLETON CO 80128

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 500035807145  
STREET ADDRESS 05/10/04--01046--002 \*\*400.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Christine Fenimore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/26/04

303-971-0738

Date

Daytime Phone