2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# M04000000490

Entity Name: NNN LAKESIDE TECH 8, LLC

Current Principal Place of Business:

1551 N. TUSTIN AVE., SUITE 200
SANTA ANA, CA 92705

New Principal Place of Business:

Current Mailing Address:

1551 N. TUSTIN AVE., SUITE 200
SANTA ANA, CA 92705

New Mailing Address:

FEI Number: 20-1561026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ORMONDE REVOCABLE FA, MILY TRUST
Address: 1551 N. TUSTIN AVE., SUITE 200
City-St-Zip: SANTA ANA, CA 92705

Title: MGR ( ) Delete
Name: TRIPLE NET PROPERTIE, S, LLC.
Address: 1551 NORTH TUSTIN AVENUE SUITE 200
City-St-Zip: SANTA ANA, CA 92705

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ORMONDE REVOCABLE FA, MILY TRUST
Address: 2170 OGLE LN
City-St-Zip: INDIAN VALLEY, ID 83632

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NEIL ORMONDE MGR 04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date