2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000000490

Current Principal Place of Business:

Entity Name: NNN LAKESIDE TECH 8, LLC

FILED Nov 04, 2009 Secretary of State

1551 N. TUSTIN AVE., SUITE 200 SANTA ANA, CA 92705 **Current Mailing Address: New Mailing Address:** 1551 N. TUSTIN AVE., SUITE 200 SANTA ANA, CA 92705 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE, SUITE 4 WESTON, FL 33331

New Principal Place of Business:

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: JOSE CASTELLANOS

Name:

Electronic Signature of Registered Agent Date

Name:

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGR () Delete Title: () Change () Addition

ORMONDE REVOCABLE FAMILY TRUST Address: 2170 OGLE LN Address: City-St-Zip: INDIAN VALLEY, ID 83632 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

Name: TRIPLE NET PROPERTIES, LLC. Name: Address: 1551 NORTH TUSTIN AVENUE SUITE 200 Address: City-St-Zip: SANTA ANA, CA 92705 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 **MGRM** 11/04/2009