


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90068 001 *1,050.00

DOCUMENT # M04000000491 1. Entity Name NNN LAKESIDE TECH 9, LLC	
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Principal Place of Business 1551 NORTH TUSTIN AVE., SUITE 200 SANTA ANA, CA 92705	Mailing Address 1551 NORTH TUSTIN AVE., SUITE 200 SANTA ANA, CA 92705
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30007809



04272006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1561026	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MGRATHY, THOMAS A 1551 NORTH TUSTIN AVE., SUITE 200 SANTA ANA, CA 92705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MGRATH, PATRICIA 1551 NORTH TUSTIN AVE., SUITE 200 SANTA ANA, CA 92705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Triple Net Properties, LLC 1551 North Tustin Ave. Ste #200 Santa Ana, CA 92705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Linda Suen Linda Suen 4/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #