M040000033/1

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	ed liability company is:	NNN Reserve At Maitland 8	3, LLC	
2. The mailing address o				
1551 N Tustin Avenue, Suit	te 200, ATTN: Entity Comp	oliance Manager, Santa Ana, CA	92705	
8/16/2004		M0400003311		
3. Date of filing/registration in Florida			4. Document number	
5. The name of the register Florida Department of		ered office address as shown or	the records of the	
•	Corporation Service Cor	mpany .		
		Name	SEI DIVISI 2006	
	1201 Hays Street		SEC ISIG	
		Address		
Name 1201 Hays Street Address Tallahassee, FL 32301				
		State and Zip	20 XOT	
6. The name and address	of the new registered ag	ent and/or office:	OF STATE ORPORATION	
	NRAI Services, Inc.		TIONS	
	2731 Executive Park Driv	Name ve, Suite 4	,	
	Florida street address	(P.O. Box NOT acceptable)		
		•		
	Weston	FL 33331		
	City, St	ate and Zip		
confirmed that after the c and the business office of liability company, it is he	hange or changes are many the registered agent will be reby confirmed that the red liability company or a cof the limited liability company	ander the laws of the State of Floade, the Florida street address of ade, the Florida street address of the identical. Or, in the case of change(s) was/were authorized as otherwise provided in the artiformpany.	f the registered office f a Florida limited by an affirmative vote of	
•				
Paul J. Hagan, attorney-in- (Printed or typed name of signee				
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NBAI Services. Inc.	intment as registered ag ns of all statutes relative nd accept the obligation this document is being f n that the limited liabilit	ent and agree to act in this cap to the proper and complete per s of my position as registered as iled to merely reflect a change i y company has been notified in	acity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
Paul J. Hagan, Assistant S	ecretary on of Corporations, P.0	O. Box 6327, Tallahassee, FL	32314	

FILING FEE: \$25.00

INHS18(10/99)