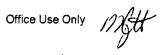
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	WAIT	∏ MAIL		
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(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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STATEMENT 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 ündersigned 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	d liability company is: NNN	Reserve At Maitland 10, L	LC		
	the limited liability company				
	e 200, ATTN: Entity Compliance	•)5		
•					
8/16/2004			M0400003313		
3. Date of filing/registrat:	ion in Florida	4. Document number			
5. The name of the register Florida Department of	ered agent and the registered o State:	ffice address as shown on the	records	of the	
	Corporation Service Company				
	Name	;			
	1201 Hays Street Addres		TAT 18	0	
	Tallahassee, FL 32301	55	CR LA	E T	
	City, State a	nd Zip	HAS	06 NOV 20	
6. The name and address	of the new registered agent an	d/or office:	<u></u>		
	NRAI Services, Inc.		- Sign :		
	Name 2731 Executive Park Drive, Suit	e 4	ATE RIDA		
	Florida street address (P.O.	Box NOT acceptable)			
	Weston FL 3	33331			
	City, State an	d Zip			
confirmed that after the cl	npany is not organized under thange or changes are made, the registered agent will be ideed to confirmed that the changed liability company or as other the limited liability company	e Florida street address of the	registere	ed office	
Paul J. Hagan, attorney-in-f (Printed or typed name of signee) I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the second seco		d agree to act in this capacity proper and complete perforn position as registered agent merely reflect a change in the	y. I furth nance of , as provid e registe!	er agree to my duties, ded for in red office	
Address, Thereby confirm MBAI Services, Mon (Signature of Registered Agent)	inal the limited liability comp	any nas been notified in writi	ing of thi.	s cnange.	
Paul J. Hagan, Assistant Se	ecretary on of Corporations, P.O. Box	6327, Tallahassee, FL 323	14		

FILING FEE: \$25.00

INHS18(10/99)