M04000003315

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
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11/20/06--01042--002 **250.00





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 limit	ted liability com	npany is: NNN Reserve At	Maitland 12, LLC	·
2. The mailing address of	of the limited lia	ability company is:		·
1551 N Tustin Avenue, Su	ite 200, ATTN: E	ntity Compliance Manager, San	ta Ana, CA 92705	
8/16/2004		M04000	0003315	
3. Date of filing/registra	tion in Florida	4. Doc	ument number	
5. The name of the regist Florida Department of		the registered office address	as shown on the records of	the
•		ervice Company		
		Name		
	1201 Hays Str		0	
		Address	ECF 6 N	4
	Tallahassee, f	FL 32301	O6 NOV 20 SECRETARY FALLAHASSE	ctions a fi
		City, State and Zip	20 AR AR	7
6. The name and address	s of the new reg	istered agent and/or office:	AM ID: 57 Y OF STATE CF FLORIDA	-
	NRAI Services	s, Inc.	LOH ALS IO:	
	2731 Executive	Name e Park Drive, Suite 4	NIE NIDA	
		et address (P.O. Box NOT ac	ceptable)	
	Weston	FL 33331		
		City, State and Zip	-	
confirmed that after the and the business office of liability company, it is he	change or change of the registered ereby confirmed ted liability come of the limited liability come.	<u> </u>	et address of the registered n the case of a Florida limit authorized by an affirmative	office ted ve vote of
Paul J. Hagan, attorney-in	-fact			
(Printed or typed name of signe				
(Signature of Registered Agent)	<u> </u>	istered agent and agree to ac es relative to the proper and c bligations of my position as r is being filed to merely reflec ed liability company has been	t in this capacity. I further complete performance of my egistered agent as provided t a change in the registered notified in writing of this c	agree to v duties, 1 for in 1 office change.
Paul J. Hagan, Assistant 9				

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)