لمستوا

M04000003320

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SECRETARY OF STATE
TALL AHASSEE FLORIDA

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 l	imited liability compan	y is: NNN Reserve At Maitlan	d 17, LLC	
	ess of the limited liabilit			
1551 N Tustin Avenue	, Suite 200, ATTN: Entity	Compliance Manager, Santa Ana, C	CA 92705	
8/16/2004		M0400003320	M0400003320	
3. Date of filing/registration in Florida		4. Document n	4. Document number	
5. The name of the re Florida Departmen		registered office address as shown	on the records of the	
	Corporation Servic	e Company		
		Name	_	
	1201 Hays Street			
		Address	_	
Tallahassee, FL 32301			AE SE	
City, State and Zip			- CRET	
6. The name and address of the new registered agent and/or office:			N 20 HASSE	
NRAI Services, Inc.				
Name 2731 Executive Park Drive, Suite 4			AH 10: 45 OF STATE FLORID	
	Florida street add	dress (P.O. Box NOT acceptable)) Pri in	
	Weston	FL 33331	_	
	Ci	ty, State and Zip		
confirmed that after the and the business office liability company, it is the members of the lithe operating agreem	he change or changes a ce of the registered ager is hereby confirmed tha	zed under the laws of the State of re made, the Florida street addres at will be identical. Or, in the cast the change(s) was/were authorize or as otherwise provided in the laty company.	s of the registered office e of a Florida limited ted by an affirmative vote of	
V /				
Paul J. Hagan, attorne		**************************************		
(Printed or typed name of s				
I hereby accept the comply with the provand I am familiar with Chapter 608, F.S. O address, I hereby con NRAI Services. Inc.	isions of all statutes relinated and accept the obligation is this document is be afternative that the limited lices.	ed agent and agree to act in this of ative to the proper and complete stions of my position as registered ing filed to merely reflect a change while the company has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.	
Paul J. Hagan, Assista	int Secretary	s P.O. Box 6327 Tallahassee F	T. 32314	

FILING FEE: \$25.00

INHS18(10/99)