M04000003321

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06 NOV 20 AH IO: 43
SECRETARY OF STATE
TALLAHASSEE 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 limite	ed liability company	is: NNN Reserve At Maitland	18, LLC	
2. The mailing address of				
1551 N Tustin Avenue, Suit	te 200, ATTN: Entity C	Compliance Manager, Santa Ana, CA	92705	
8/16/2004		M0400003321		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of	ered agent and the re State:	egistered office address as shown or	n the records of the	
-	Corporation Service	Company		
	<u></u>	Name		
	1201 Hays Street			
Address				
Tallahassee, FL 32301				
		ity, State and Zip	SE SE	
City, State and Zip 6. The name and address of the new registered agent and/or office: NRAI Services, Inc. Name 2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box NOT acceptable)				
	NRAI Services, Inc.		SSERY 20	
Name				
2731 Executive Park Drive, Suite 4				
	Florida street adda	ress (P.O. Box NOT acceptable)	AH 10: 43 OF STATE FELORIDA	
	Weston	FL 33331		
	City	y, State and Zip		
confirmed that after the c	hange or changes are the registered agent reby confirmed that ed liability company of the limited liability	ed under the laws of the State of Fle made, the Florida street address of twill be identical. Or, in the case of the change(s) was/were authorized or as otherwise provided in the articly company.	of the registered office	
Paul J. Hagan, attorney-in-			•	
comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NBAI Services, Inc. (Signature of Registered Agent) Paul J. Hagan, Assistant S	ns of all statutes relaid accept the obligat this document is being that the limited liable coretary	d agent and agree to act in this cap ntive to the proper and complete per tions of my position as registered ng filed to merely reflect a change bility company has been notified in	rformance of my duties, gent as provided for in in the registered office writing of this change.	

FILING FEE: \$25.00

INHS18(10/99)