M04000003324

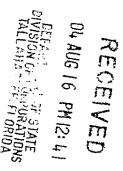
(Red	questor's Name)				
(Ado	dress)				
(Add	dress)				
(City	//State/Zip/Phone	e#)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	me)			
(Document Number)					
Certified Coples	Certificates	s of Status			
Special Instructions to	-iling Officer:				

Office Use Only



000040156240







ACCOUNT NO. : 072100000032

REFERENCE: 848743 4305738

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE: August 13, 2004

ORDER TIME : 10:27 AM

ORDER NO. : 848743-105

CUSTOMER NO: 4305738

CUSTOMER: Ms. Christy Hall

Hirschler Fleischer

Bldg. 701, Federal Reserve Bank Building 701 East Byrd

Richmond, VA 23219

FOREIGN FILINGS

NAME: NNN RESERVE AT MAITLAND 21,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire -- EXT# 2909

EXAMINER:



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ID 21, LLC
(Name of Foreign Limited Liability Company) NNN RESERVE AT MAITLAND 21, LLC DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Duration: Year limited liability company will cease to exist or "perpetual") (Date of Organization) (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 1551 N, TUSTIN AVENUE, SUITE 200 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: SGPB, LLC, C/O STEVEN A. GOREN, MANAGER 8505 NW 77TH STREET, TAMARAC, FLORIDA 33321 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: __REAL_ESTATE TRANSACTION Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

CHRISTY L. HALL, AUTHORIZED REPRESENTATIVE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The nam	e of the Limited Liability Company is:				
NNN RESE	RVE AT MAITLAND 21, LLC	<u> </u>	ب نو ، '	<u> </u>	
2. The nam	ne and the Florida street address of the register	red agent a	and office	are:	
	Corporation Service Company	N	_ &&	= -	
	(Name)		·		

Tallahassee

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

By: Assistant secretary

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NNN RESERVE AT MAITLAND 21, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF AUGUST, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NNN RESERVE

AT MAITLAND 21, LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D.

2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Darriet Smith Windson Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3284946

DATE: 08-09-04

3840257 8300

040582426