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SECRE LAND 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 limited liability company is:	NNN Reserve At Maitland 22, LLC
2. The mailing address of the limited liability co	
1551 N Tustin Avenue, Suite 200, ATTN: Entity Com	pliance Manager, Santa Ana, CA 92705
8/16/2004	M04000003325
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regis Florida Department of State:	tered office address as shown on the records of the
Corporation Service Co	mpany
	Name
1201 Hays Street	
	Address
Tallahassee, FL 32301	7A SE
City,	State and Zip
6. The name and address of the new registered a	gent and/or office: AHASSEE, AHASS
NRAI Services, Inc.	
Tallahassee, FL 32301 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	s (P.O. Box NOT acceptable)
Weston	FL 33331
City, S	tate and Zip
confirmed that after the change or changes are mand the business office of the registered agent will liability company it is hereby confirmed that the	under the laws of the State of Florida, it is hereby hade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or company.
De la la la companya de fest	
Paul J. Hagan, attorney-in-fact (Printed or typed name of signee)	
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability NRM Services. Inc. (Signature of Registered Agent) Paul J. Hagan, Assistant Secretary	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, s of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.
Division of Corporations, P.	O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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