04000004200

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





900041472879

04 OCT -5 PH 5:21

RECEIVED



ACCOUNT NO. : 072100000032

REFERENCE : 913480 4305738 a let s a size

AUTHORIZATION :

COST LIMIT : \$ 160.00

ORDER DATE: October 4, 2004

ORDER_TIME : 10:15 AM

ORDER NO. : 913480-025

CUSTOMER NO: 4305738

CUSTOMER: Ms. Christy Hall

Hirschler Fleischer

P. O. Box 500

Richmond, VA 23218-0500

FOREIGN FILINGS

NAME: NNN FOUNTAIN SQUARE 5, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX____CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Brenda Sharpless -- EXT# 2918

EXAMINER: ____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZA TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER ADJURES IN THE STATE OF FLORIDA:

cease to
· .

:
tody of records in guage, a
<u>.</u>
1

CHRISTY L. HALL, AUTHORIZED PERSON
Typed or printed name of signee

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 name of the Limited Liability Company is:	
	NNN FOUNTAIN SQUARE 5, LLC	
2.	The name and the Florida street address of the registered agent and office are:	
Corporation Service Company (Name)		
	1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tional bucce Address (1.0. Dox 101 Accel label)	
	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: Wellowah W. Skipper

(Signature) Deborah D. Skipper

Asst. V. Pres.

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



PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NNN FOUNTAIN SQUARE 5, 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 TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NNN FOUNTAIN SQUARE 5, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2004.

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

Warriet Smith Hindson

AUTHENTICATION: 3380666

DATE: 09-29-04

3860537 8300

040699945