MO 500000 42-00

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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11/20/06--01035--002 **250.00



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	d liability company is: NNN Fo	ountain Square 5, LLC		
	the limited liability company is			
1551 N Tustin Avenue, Suite	e 200, ATTN: Entity Compliance Ma	anager, Santa Ana, CA 927	705	
10/5/2004		M0400004200		
3. Date of filing/registration in Florida		4. Document number	*	
5. The name of the registe Florida Department of S	ered agent and the registered officestate:	ce address as shown on th	ne records of the	;
	Corporation Service Company			
	Name			
	1201 Hays Street			
•	Address	_	1 P3	
•	Tallahassee, FL 32301		TAL SE	
	City, State and	Zip	KS KS	THE STREET
6. The name and address of	of the new registered agent and/o	or office:	2006 NOV 20 PH SECRETARY OF TALLAHASSEE. F	Paragraph of the Control of the Cont
	NRAI Services, Inc.		PA PA	
	Name 2731 Executive Park Drive, Suite 4	,	M 3: 00 F STATE FFLORID	The state of the s
	Florida street address (P.O. Bo	ox NOT acceptable)	हुत 8	
	Weston FL 333	31		
	City, State and 2	Zip		
confirmed that after the cl and the business office of liability company, it is her the members of the limite	npany is not organized under the hange or changes are made, the I the registered agent will be idented that the change(s d liability company or as otherwoff the limited liability company.	lorida street address of the	he registered off	
Paul J. Hagan, attorney-in-f (Printed or typed name of signee)		_		
(Signature of Registered Agent) Paul J. Hagan, Assistant Se	intment as registered agent and a is of all statutes relative to the pi d accept the obligations of my pa this document is being filed to ma that the limited liability compar ecretary on of Corporations, P.O. Box 6			ree to ities, or in fice nge.

FILING FEE: \$25.00

INHS18(10/99)