



**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90027 018 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|   |  |                                 |  |  |  |
|---|--|---------------------------------|--|--|--|
| <b>DOCUMENT # M04000004210</b>  |  |                                 |  |         |  |
| 1. Entity Name<br>NNN FOUNTAIN SQUARE 15, LLC   |  |                                 |  |  |  |
| Principal Place of Business<br>1551 N. TUSTIN AVENUE, SUITE 200<br>SANTA ANA, CA 92705  |  |                                 | Mailing Address<br>1551 N. TUSTIN AVENUE, SUITE 200<br>SANTA ANA, CA 92705 |  |  |
| 2. Principal Place of Business  |  |                                 | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.   |  |                                 | Suite, Apt. #, etc.  |  |  |
| City & State  |  |                                 | City & State   |  |  |
| Zip   | Country  | Zip                             | Country  | 4. FEI Number<br>20-1561261  |  |
|   |  |                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525  |  |                                 |  | 7. Name and Address of New Registered Agent  |  |
|   |  |                                 |  | Name   |  |
|   |  |                                 |  | Street Address (P.O. Box Number is Not Acceptable)                                       |  |
|   |  |                                 |  | City   |  |
|   |  |                                 |  | FL Zip Code  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |  |                                 |  |  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |                                 |  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |  |                                 |  | Make check payable to<br>Florida Department of State                                     |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                                 | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGR<br>SINGLETON, GORDON F TRUSTEE<br>4937 ARUADA STREET<br>TORRANCE, CA 90503 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |                                 |  |  |  |
| SIGNATURE:   |  |                                 | Date: 4/29/05 714 667 8252   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                                 | Daytime Phone #  |  |  |