FILED May 31, 2005 8:00 am Secretary of State 05-03-2005 90027 017 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0400004211 1. Entity Name NNN FOUNTAIN SQUARE 16, LLC						3111	JUBULJ	
Principal Plac 1551 N. TUS SANTA ANA,	TIN AVENUE, SUITE 200		Mailing Address 1551 N. TUSTIN AVENUE, SUITE 200 SANTA ANA, CA 92705			<i>)</i>	,00010	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					
Suita, Apt. #, stc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04202005	Chg-LLC	CR2E083 (10/0	3)
City & State		City & State			4. FEI Numb			Applied For Not Applicable
Zip .	Country	Zip	Coun	try	L	e of Status Desired	Fee Requ	Additional uired
	5. Name and Address of	Current Registered Agent	Name		7. Name and Address of New Registered Agent			
1201 HAY	ATION SERVICE COMF S STREET SSEE, FL 32301-2525	PANY	Street Addre		(P.O. Box Number is Not Acceptable)			
				City			FL Zip C	ode
6. 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 Signature, typed or printed name of registered agent and tide if applicable (MOTE: Registered Agent agresture required when reinstating) DATE								
FÎ Di	ling fee is \$50.00 ue by May 1, 2005						e check payable to Department of Si	
9.		MEMBERS/MANAGERS	10.			ADDITIONS	CHANGES	
TITLE NAME STREET ADDRESS	MGR HANSEN, RICHARD L P.O. BOX 11106	☐ Delets	NAMI	I			Chang	e 🗀 Addition
CITY-ST-ZIP TITLE	NAPA, CA 94581	☐ Delete		-ST-ZIP			Chanc	e Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAMI Stre	E Et adoress -St-Zip				
TITLE HAJAE STREET ADDRESS	☐ Delete 1171.			-			Chang	a Addition
CITY-ST-ZIP			CITY	-51-209		· <u></u>		
TITLE NAME STREET ADDRESS		☐ Oeleta	name Stree	E ET ADORESS			☐ Chang	e 🗌 Addition
TITLE NAME	CITY Delete TITL			1			Chang	e Addition
STREET ADORESS CITY-ST-ZIP			STREE	ET ADDRESS -ST- JP				
TITLE NAME STREET ADDRESS CITY-ST-71P							☐ Chang	e 🗍 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 of turble empowered to execute this report as required by Chapter 609, Florida Statutes.								
SIGNATURE: SIGNATURE AND TYPED OF PRINCES FAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE AND TYPED ON PRINCES FAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE OAND DOGS DO								
	SIGNATURE AND TYPED OH PRINT	WEARE OF BIOMING MANAGING MEMBE	ER, MANAGER OR	AUTHORIZED REPRESE	NTATIVE	Date	Daverna Phone	