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(Requestor's Name)				
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SECRETARY OF STATE
SECRETARY OF STATE



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.

0	ŭ				
1. The name of the limit	ed liability compa	any is: NNN Founta	ain Square 28, I	LC	
2. The mailing address of					
1551 N Tustin Avenue, Su	ite 200, ATTN: Enti	ity Compliance Manage	er, Santa Ana, CA	92705	
10/27/2004		٨			
3. Date of filing/registration in Florida			4. Document number		
5. Date of filling/registra	tion in Piona	٦٠.	. Document num	oci -	
5. The name of the regist Florida Department of		e registered office ad	dress as shown or	the records of t	he
	Corporation Sen	vice Company			
		Name		_ P	
	1201 Hays Stree	, ·		PS S	and the state of t
		Address		도움 중	
	Tallahassee, FL			2006 NOV 20 SECRETARY TALLAHASSI	CHARLES .
		City, State and Zip		SSK	e e e
6. The name and address	of the new regist	ered agent and/or off	ice:	PM 3: 26 OF STATE EE. FLORID!	M
	NRAI Services, I	nc.		3: 26 STATE FLORID	
		Name		ōm o	
	2731 Executive F	Park Drive, Suite 4		•	
	Florida street	address (P.O. Box NO	OT acceptable)		
	Weston	FL 33331			
		City, State and Zip			
If the limited liability corconfirmed that after the cand the business office o liability company, it is he the members of the limit the operating agreement (Signature of a member or author Paul J. Hagan, attorney-in-	change or changes of the registered as ereby confirmed t ed liability compa of the limited liab orized representative of	s are made, the Florid gent will be identical. hat the change(s) was any or as otherwise probably company.	a street address o Or, in the case of were authorized	of the registered of of a Florida limite by an affirmativ	office ed ve vote of
(Printed or typed name of signed		•		•	
I hereby accept the appa comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services. Inc. (Signature of Registered Agent) Paul J. Hagan, Assistant S	Secretary	<u>.</u>			agree to duties, for in office hange.
		ons, P.O. Box 6327, '	Tallahassee, FL	32314	

FILING FEE: \$25.00

INHS18(10/99)