

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004641

Entity Name: NNN FOUNTAIN SQUARE 28, LLC

FILED  
Apr 27, 2007  
Secretary of State

**Current Principal Place of Business:**

1551 N. TUSTIN AVENUE, SUITE 200  
SANTA ANA, CA 92705

**New Principal Place of Business:**

**Current Mailing Address:**

1551 N. TUSTIN AVENUE, SUITE 200  
SANTA ANA, CA 92705

**New Mailing Address:**

FEI Number: 20-1561261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TRADITION PROPERTIES, COMPANY, A CA L.P.  
Address: 1229 SOBRE VISTA DRIVE  
City-St-Zip: SONOMA, CA 95476

Title: MGR (X) Delete  
Name: TRIPLE NET PROPERTIE, S LLC  
Address: 1551 N TUSTIN AVE STE 200  
City-St-Zip: SANTA ANA, CA 92705

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: 240 NW 40TH ST. LAND, TRUST  
Address: 1525 N PARK DR STE 102  
City-St-Zip: WESTON, FL 33326

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLEY J. SMITH

MGR

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date