2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002715

1. Entity Name
NNN NAPLES TAMIAMI TRAIL 5, LLC

Principal Place of Business	Mailing Address
1551 N. TUSTIN AVE., SUITE 200 SANTA ANA, CA 92705	1551 N. TUSTIN AVE., SUITE 200 SANTA ANA, CA 92705

DO NOT WRITE IN THIS SPACE

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04272006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FEIL, ALAN J
STREET ADDRESS	770 LOBLOLLY DRIVE
CITY-ST-ZIP	VASS, NC 28394
TITLE	Manager
NAME	Triple Net Properties, LLC
STREET ADDRESS	1551 North Tustin Ave. Ste #200
CITY-ST-ZIP	Santa Ana, CA 92705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _Linda Duer_   Linda Duer   4/30/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #