## M05000002718

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(Ac	ldress)						
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(City/State/Zip/Phone #)							
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11/20/06--01042--001 \*\*250.00



## 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.

1. The name of the limited liab	oility company is	s: NNN Naples Tami	iami Trail 8, Ll	LC	
2. The mailing address of the l			·		
1551 N Tustin Avenue, Suite 200	, ATTN: Entity Co	mpliance Manager, Sant	a Ana, CA 92705	5	
5/20/2005		M05000	002718		
3. Date of filing/registration in	Florida	4. Docu	ment number		
5. The name of the registered a Florida Department of State:		istered office address a	s shown on the	records of th	ie
Corp	oration Service (	Company			
		Name	_		
120	Hays Street			SE SE	erre war-
		Address			A #
Tallahassee, FL 32301				NOV 20 CRETAR LAHASS	
	Cit	y, State and Zip		SSS	•
6. The name and address of the new registered agent and/or office:				PH 4:4 OF STAT FLORI	Sucress.
NRA	l Services, Inc.			STATE LORID	- Little Control
	,	Name		2F 0	
2731	Executive Park [				
Flo	rida street addre	ess (P.O. Box NOT acc	eptable)		
Wes		FL 33331	···		
	City,	State and Zip			
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited liability company agreement of the limited liability company agreement of the limited liability agreement of the limited liability agreement of the limited representations are liability and liability agreement of the limited liability agreement of the liability agreeme	or changes are egistered agent ventile that the order of the confirmed that the order of the confirmed liability of the confirmed liability order or the confirmed liability or the con	made, the Florida street will be identical. Or, in the change(s) was/were are as otherwise provided company.	t address of the the case of a Fl authorized by ar	registered of lorida limited n affirmative	ffice d vote of
Paul J. Hagan, attorney-in-fact					
(Printed or typed name of signee)					
I hereby accept the appointme comply with the provisions of and I am familiar with and acceptanted to the confirm that address, I hereby confirm that NRAI Services, Inc.	ill statutes relative the obligation of the obligation of the limited liabi	ive to the proper and co ons of my position as re	omplete perform veistered avent o	iance of my d as provided t	luties, for in

**FILING FEE: \$25.00** 

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)