M05000002820

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(Address)		
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(Ci	ty/State/Zip/Phon	e #)
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11/20/06--01042--004 **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 na	ame of the limited liability company is: $\underline{m h}$	NNN Naples Tamiami Trail 28, LLC
	nailing address of the limited liability comp	
1551 N T	ustin Avenue, Suite 200, ATTN: Entity Compli	iance Manager, Santa Ana, CA 92705
5/25/2005	}	M05000002820
3. Date of	of filing/registration in Florida	4. Document number
	me of the registered agent and the register Department of State:	ered office address as shown on the records of the
	Corporation Service Comp	pany
	<u> </u>	Name
	1201 Hays Street	SEC TALL
		ddress AR TO
		tate and Zip CRETARY
	Tallahassee, FL 32301	
	City, St	tate and Zip
6. The name and address of the new registered agent and/or office:		tate and Zip ent and/or office: CRETARY OF STATE LORIDA
	NRAI Services, Inc.	
	2731 Executive Park Drive	ame
	riorida street address (i	1.0. Box 1401 acceptable)
	Weston	FL 33331
	City, Stat	ate and Zip
confirme and the b liability of the members the opera	d that after the change or changes are mad usiness office of the registered agent will company, it is hereby confirmed that the choers of the limited liability company or as ting agreement of the limited liability com	nder the laws of the State of Florida, it is hereby de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or inpany.
(Signature o	1 a member or authorized representative of a member)	
	agan, attorney-in-fact	
(Printed or	typed name of signee)	
comply wand I am Chapter (address, NBAI Ser	of the provisions of all statutes relative to familiar with and accept the obligations of 508, F.S. Or, if this document is being file I hereby confirm that the limited liability of	ent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

FILING FEE: \$25.00