## M0500003003

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SECRETARY OF STATE
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J. BRYAN NOV 2-1 2006

## 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 limite	ed liability company is:	NNN Naple	es Laurel Oak 1, LL	. <b>C</b>	
2. The mailing address of				·	
1551 N Tustin Avenue, Suit	e 200, ATTN: Entity Comp	liance Manag	er, Santa Ana, CA 927	705	
6/6/2005			M05000003003		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of		ered office a	ddress as shown on th	ne records of the	
•	Corporation Service Com	npany			
		Name			
1201 Hays Street					
Address 55%					
Tallahassee, FL 32301  City, State and Zip				SECRETAR IVISION OF C	
< m1 1 11	•	•		FCC	
6. The name and address	of the new registered age	ent and/or of	fice:	A RAPPO	
NRAI Services, Inc.					
	<del></del>	lame		STATE RATIONS	
2731 Executive Park Drive, Suite 4					
	Florida street address	(P.O. Box N	OT acceptable)		
	Weston	FL 33331			
	City, Sta	ate and Zip			
If the limited liability conconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited liability concentration of the limited liability company.	hange or changes are made the registered agent will reby confirmed that the conditional distribution of the limited liability confirmed that the confirmed that the confirmed that the limited liability confirmed the limited liability confirmed that the liability confirmed the liability confirmed that the liability confirmed that the liability confirmed the liability confirmed the liability confirmed the liability confirmed th	ide, the Flori l be identical change(s) was s otherwise p mpany.	da street address of the l. Or, in the case of a las/were authorized by	ne registered office Florida limited an affirmative vote of	
Paul J. Hagan, attorney-in-f (Printed or typed name of signee)					
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services. (Inc., (Signature of Registered Agent) Paul J. Hagan, Assistant Schools and Chapter (Inc., (Inc., Inc.,	is of all statutes relative d accept the obligations this document is being fit that the limited liability	to the prope of my positi led to merely company ho	r and complete perfoi on as registered agen v reflect a change in t as been notified in wr	rmance of my duties, it as provided for in the registered office iting of this change.	

**FILING FEE: \$25.00** 

INHS18(10/99)