## 11/05000003004

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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN NUV 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: 🔼	NN Naples Laurel Oak 2, LLC	<i>.</i>	
	f the limited liability comp		•	
J		ance Manager, Santa Ana, CA 92705		
			•	
6/6/2005		M0500003004	M05000003004	
3. Date of filing/registrat	ion in Florida	4. Document number		
5. The name of the register Florida Department of		ed office address as shown on the re-	cords of the	
	Corporation Service Comp	any		
	N	ame		
	1201 Hays Street			
Address				
Tallahassee, FL 32301  City, State and Zip			N SEC	
	City, Sta	ite and Zip		
6. The name and address	of the new registered agen	at and/or office:	FILE SECRETARY JIVISION OF COL 06 NOV 20	
	NRAI Services, Inc.		RP SP S	
Name		me	STATE ORATIONS 8: 08	
2731 Executive Park Drive, Suite 4		Suite 4	80 10 KS	
	Florida street address (F	P.O. Box NOT acceptable)	<u>.</u> 8	
	Weston F	FL 33331	•	
	City, Stat	e and Zip		
confirmed that after the cland the business office of liability company, it is he the members of the limite the operating agreement of the limite the limite the limite the operation of the limite the l	hange or changes are made the registered agent will be reby confirmed that the ch	der the laws of the State of Florida, in the Florida street address of the repe identical. Or, in the case of a Floridange(s) was/were authorized by an apotherwise provided in the articles of pany.	gistered office rida limited offirmative vote of	
Paul J. Hagan, attorney-in-				
(Signature of Registered Agent) Paul J. Hagan, Assistant Se	intment as registered ager is of all statutes relative to id accept the obligations o this document is being file i that the limited liability of ecretary	nt and agree to act in this capacity. In the proper and complete performant of my position as registered agent as do nerely reflect a change in the roompany has been notified in writing  Box 6327, Tallahassee, FL 32314	l further agree to ice of my duties, provided for in egistered office of this change.	

**FILING FEE: \$25.00** 

INHS18(10/99)