

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90065 001 *1,350.00

DOCUMENT # M05000003030

1. Entity Name

NNN NAPLES LAUREL OAK 21, LLC



Principal Place of Business

1551 N. TUSTIN AVE., SUITE 200
SANTA ANA, CA 92705

Mailing Address

1551 N. TUSTIN AVE., SUITE 200
SANTA ANA, CA 92705

30007725



04272006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

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

**DO NOT WRITE
IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MARSTON FAMILY LIVING TRUST, DATED 4/7/99
1504 WESTRIDGE DRIVE
PLANO, TX 75075

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Triple Net Properties, LLC
1551 North Tustin Ave. Ste #200
Santa Ana, CA 92705

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Linda Duer

4/30/06