## 11105000003030

(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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DIVISION OF CORPORATIONS
OF NOV 20 AM 8: 08

## 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 Naples L	aurel Oak 21, L	<u>LC</u> .
2. The mailing address of				•
1551 N Tustin Avenue, Suit	te 200, ATTN: Entity Com	pliance Manager, S	Santa Ana, CA 92	705
6/6/2005		MO5	M0500003030	
3. Date of filing/registration in Florida 4.		4. Document number		
5. The name of the registe Florida Department of		stered office addre	ess as shown on th	ne records of the
	Corporation Service Co	mpany		
		Name		
	1201 Hays Street			
		Address		
	Tallahassee, FL 32301			<b>90</b>
	City,	State and Zip		NS SEC
6. The name and address of the new registered agent and/or office:			:	SECRETARN SECRETARN JIVISION OF C
	NRAI Services, Inc.			D RECE
		Name	<u> </u>	RP S
2731 Executive Park Drive, Suite 4			RATIONS RECTIONS	
	Florida street addres	s (P.O. Box <b>NOT</b>	acceptable)	OF STATE OF STATE OF STATE OR AT 8: 08
	Weston	FL 33331		
	City, S	State and Zip		
If the limited liability con confirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limite the operating agreement of limited limited the limited limit	hange or changes are mention the registered agent we reby confirmed that the ed liability company or of the limited liability company	nade, the Florida s ill be identical. O c change(s) was/w as otherwise prov ompany.	treet address of the r, in the case of a ere authorized by	he registered office Florida limited an affirmative vote of
(Alguarate of a vicinibe) of author	ized representative of a memor	,		
Paul J. Hagan, attorney-in- (Printed or typed name of signee)	<del></del>			
I hereby accept the appo comply with the provisior and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services And Signature of Registered Agent Raul J. Hagan, Assistants	<u> </u>			

**FILING FEE: \$25.00** 

INHS18(10/99)