


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90033 027 ****50.00

| | | |
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| DOCUMENT # M05000004183 | |  |
| 1. Entity Name NNN SANCTUARY AT HIGHLAND OAKS, 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 |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



07112006 Chg-LLC CR2E083 (11/05)

| | | |
|---|--|--|
| 4. FEI Number | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| Filing Fee is \$50.00 Due by September 6, 2006 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|--|--|---------------------------------|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR TRIPLE NET PROPERTIES, LLC 1551 N. TUSTIN AVE., SUITE 200 SANTA ANA, CA 92705 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Smela D... Triple Net Properties manager 7/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #