M05000004183

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(City/State/Zip/Phone #)				
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11/20/06--01044--003 **250.00



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR ROTH 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.

5	J			
1. The name of the limit	ted liability comp	oany is: NNN Sanctuary A	t Highland Oaks, L	.LC
2. The mailing address	of the limited liab	oility company is:		,
1551 N Tustin Avenue, St	uite 200, ATTN: En	tity Compliance Manager, Sant	a Ana, CA 92705	
7/28/2005		M05000	004183	
3. Date of filing/registration in Florida 4. Documen		ıment number		
5. The name of the regis Florida Department of		he registered office address a	s shown on the recor	ds of the
•	Corporation Ser	rvice Company		
		Name	1 	. 9
	1201 Hays Stre	et		28
		Address		CR SION
	Tallahassee, Fl	_ 32301		2 25 3
		City, State and Zip		SECRETARY OF COLUMN SECRETARY OF COLUMN OF COLUMN 20
6. The name and addres	s of the new regis	stered agent and/or office:		~ 숙두다
	NRAI Services,	Inc.		STATE ORATIONS
	0704 5 4	Name		- \$\hat{g} \cdot \
		Park Drive, Suite 4		
	Florida street	address (P.O. Box NOT acc	eptable)	
	Weston	FL 33331		
		City, State and Zip		
confirmed that after the and the business office liability company, it is h	change or change of the registered a hereby confirmed ted liability comp h of the limited lia	anized under the laws of the es are made, the Florida stree agent will be identical. Or, in that the change(s) was/were pany or as otherwise provided ability company.	t address of the regis the case of a Florida authorized by an affi	tered office a limited rmative vote of
Paul J. Hagan, attorney-ir	n-fact			
(Printed or typed name of signe				
I hereby accept the appropriate comply with the provision and I am familiar with a Chapter 608, F.S. Or, address. I hereby confit NRAI Services. Inc.		stered agent and agree to act relative to the proper and co ligations of my position as re s being filed to merely reflect d liability company has been	in this capacity. I fu implete performance egistered agent as pro a change in the regi notified in writing of	rther agree to of my duties, ovided for in stered office this change.
Paul I Hagan Assistant				

FILING FEE: \$25.00

INHS18(10/99)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314