M05000004184

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)				
(Address) (City/State/Zip/Phone #)				
(Address) (City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Littly Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				
·				

Office Use Only



900081936189

11/20/06--01044--003 **250.00

2006 NOV 20 PH 4: 11

*STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pirsuant 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 limited liability company is:	NNN Sanctuary At Highland Oaks Leasec	o, LLC
	The mailing address of the limited liability cor		
155	51 N Tustin Avenue, Suite 200, ATTN: Entity Comp	oliance Manager, Santa Ana, CA 92705	
7/2	8/2005	M05000004184	
3.	Date of filing/registration in Florida	4. Document number	
	The name of the registered agent and the regist Florida Department of State:	ered office address as shown on the records of the	he
	Corporation Service Cor	npany	
		Name	<u></u>
	1201 Hays Street	Address State and Zip 20	<u>≥</u>
		Address	SSS
	Tallahassee, FL 32301	9	2H
		State and Zip 8	
6. The name and address of the new registered agent and/or office:			ED OF'S ORFOR
	NRAI Services, Inc.		IATE ATIO
		name	<i>\$</i> 5
	2731 Executive Park Driv		
Florida street address (P.O. Box NOT acceptable)			
	Weston	FL 33331	
	City, St	tate and Zip	
and liab	afirmed that after the change or changes are many the business office of the registered agent will	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered of the identical. Or, in the case of a Florida limite change(s) was/were authorized by an affirmative so otherwise provided in the articles of organizate ompany.	office
Pa	ul J. Hagan, attorney-in-fact		
(Pri	inted or typed name of signee)		
A STATE OF THE STA	mature of Registered Agent)	eent and agree to act in this capacity. I further a to the proper and complete performance of my s of my position as registered agent as provided iled to merely reflect a change in the registered y company has been notified in writing of this ch	igree to duties, for in office iange.
Pa	ul J. Hagan, Assistant Secretary Division of Corporations, P.	O. Box 6327, Tallahassee, FL 32314	

INHS18(10/99) FILING FEE: \$25.00