


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jul 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # M05000004275
1. Entity Name
NNN DORAL COURT, 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

DO NOT WRITE IN THIS SPACE



04262006No Chg-LLC CR2E083 (11/05)

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 32301-2525

**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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reselecting)

Filing Fee is \$50.00 Due by May 1, 2006
U00000567971--
07/06/06-80001-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TRIPLE NET PROPERTIES, A VA. LLC 1551 N. TUSTIN AVE., SUITE 200 SANTA ANA, CA 92705
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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: Linda Dyer Linda Dyer 4/30/06 (714) 867-8252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #