

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004860

FILED
Apr 26, 2007
Secretary of State

Entity Name: NNN MAITLAND PROMENADE 18, LLC

Current Principal Place of Business:

1551 N. TUSTIN AVE., SUITE 200
SANTA ANA, CA 92705

New Principal Place of Business:

Current Mailing Address:

1551 N. TUSTIN AVE., SUITE 200
SANTA ANA, CA 92705

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GABLE FAMILY LIMITED, PARTNERSHIP
Address: 39690 GABLE FARM LANE
City-St-Zip: HAMILTON, VA 20158

Title: MGR (X) Delete
Name: TRIPLE NET PROPERTIE, S,LLC
Address: 1551 N. TUSTIN AVE. STE 200
City-St-Zip: SANTA ANA, CA 92705

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES GABLE

MGRM

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date