

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-10-2006 90071 001 *1,700.00

DOCUMENT # M05000004863 1. Entity Name NNN MAITLAND PROMENADE 21, 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		
4. FEI Number				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$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 reappointing) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBB, PAUL 26905 HAKE ROAD, SW VASHON ISLAND, WA 98070	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBB, LAURA 26905 HAKE ROAD, SW VASHON ISLAND, WA 98070	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Triple Net Properties, LLC 1551 North Tustin Ave. Ste #200 Santa Ana, CA 92705	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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: <u>Linda Suer</u> <u>Linda Suer</u> <u>4/30/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					