MOS000004863

(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



300081852713

11/20/06--01035--001 **250.00

2006 NOV 20 PM 2: 44
SECRETARY OF STATE
TALL AHASSEE, FLORID!

W Chi

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

1. The name of the limit	ted liability compar	ny is: NNN Maitla	and Promenade	21, LLC	,	
2. The mailing address of						
1551 N Tustin Avenue, Su	ite 200, ATTN: Entity	y Compliance Manag	ger, Santa Ana, CA	92705		
8/31/2005			M05000004863			
3. Date of filing/registration in Florida		_	4. Document number			
5. The name of the regis Florida Department of	tered agent and the f State:	registered office a	ddress as shown or	n the records of the	he	
•	Corporation Servi	ce Company				
		Name	,			
•	1201 Hays Street					
		Address				
	Tallahassee, FL					
		City, State and Zip)			
6. The name and address	s of the new registe	red agent and/or of	ffice:			
	NRAI Services, Inc	с.		2000 SE TAL		
	2731 Executive Pa	Name ark Drive, Suite 4		2006 NOV 20 SECRETAR) ALLAHASSI	T	
	Florida street ac	ddress (P.O. Box N	IOT acceptable)	113-		
	Weston	FL 33331		PH : OF S: E.FL	Ö	
	C	City, State and Zip		2: 41 STATE LORID	حبير,بيناء"	
If the limited liability co confirmed that after the and the business office collability company, it is hother members of the limit the operating agreement	change or changes of the registered age ereby confirmed the liability compar of the limited liabi	are made, the Florient will be identica at the change(s) want or as otherwise play company.	da street address o	orida, it is hereby of the registered of of a Florida limite	office	
Paul J. Hagan, attorney-in	-fact					
(Printed or typed name of signe	e)					
I hereby accept the appropriate and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm NBAI Services, Ing. Signature of Registered Agent) Paul J. Hagan, Assistant S	ons of all statutes rend accept the oblige this document is but the limited li	elative to the prope cations of my positi eing filed to merel iability company hi	er and complete per ion as registered as y reflect a change i as been notified in	rformance of my gent as provided in the registered writing of this ch	igree to duties, for in office jange.	

FILING FEE: \$25.00

INHS18(10/99)