M05000004870

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| • |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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11/20/06--01035--001 **250.00

2006 NOV 20 PM 2: 55
SECRETARY OF STATE

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.

| · | | Decitic MININ . | Promenade 3 | M LLC | | |
|---|--|--|---|--|---|--|
| 1. The name of the limit | ed liability compa | any is: NNN Maitland F | -romenade 3 | - LLO | · | |
| 2. The mailing address of | of the limited liabi | lity company is: | | | · | |
| 1551 N Tustin Avenue, Su | ite 200, ATTN: Enti | ty Compliance Manager, Sa | anta Ana, CA 9 | 2705 | | |
| 8/31/2005 | | M050 | M05000004870 | | | |
| 3. Date of filing/registration in Florida | | 4. Do | 4. Document number | | | |
| 5. The name of the regist Florida Department of | | e registered office addres | s as shown on | the records of th | ıe | |
| • | Corporation Serv | vice Company | | | | |
| | | Name | | 70 20 | | |
| | 1201 Hays Stree | | | SEC ALL | - | |
| | | Address | | AR OV | 1 E | |
| | Tallahassee, FL | 32301 | | 2006 NOV 20 PM SECRETARY OF TALLAHASSEE, F | Property | |
| | | City, State and Zip | | SER SER | | |
| 6. The name and address | of the new registe | ered agent and/or office: | | PM 2: Y OF STI SEE, FLO | | |
| | NRAI Services, In | nc. | | 語 5 | | |
| | 2731 Executive F | Name Park Drive, Suite 4 | | 5 | | |
| | - | address (P.O. Box NOT a | acceptable) | | | |
| | | • | 1 | • | | |
| | Weston | FL 33331 | | | | |
| | (| City, State and Zip | | | | |
| confirmed that after the and the business office of liability company it is business. | change or changes of the registered ag ereby confirmed the diability compa of the limited liab | nized under the laws of the are made, the Florida strate will be identical. Or that the change(s) was/we any or as otherwise provided in the change of the c | reet address of , in the case of ere authorized l | the registered of a Florida limite by an affirmative | ffice d vote of | |
| Paul J. Hagan, attorney-in (Printed or typed name of signed | e) | | | | | |
| (Signature of Registered Agent) | | ered agent and agree to describe to the proper and getions of my position as the proper and getions of my position as being filed to merely reflicibility company has bed | act in this capa I complete per Is registered ag ect a change in en notified in v | acity. I further a formance of my over the provided justing the following of this characteristics of the character | gree to Juties, for in office ange. | |
| Paul J. Hagan, Assistant S Divisi | Secretary ion of Corporatio | ons, P.O. Box 6327, Tall | ahassee, FL | 32314 | | |

FILING FEE: \$25.00