

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-10-2006 90071 001 \*1,700.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                           |                                                              |                                                                                  |                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M05000004873</b><br>1. Entity Name<br><b>NNN MAITLAND PROMENADE 33, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                           |                                                              |                                                                                  |                                                                                                                                                              |  |
| Principal Place of Business<br><b>1551 N. TUSTIN AVE., SUITE 200<br/>SANTA ANA, CA 92705</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                           |                                                              | Mailing Address<br><b>1551 N. TUSTIN AVE., SUITE 200<br/>SANTA ANA, CA 92705</b> |                                                                                                                                                              |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                           | 3. Mailing Address                                           |                                                                                  |                                                                                                                                                              |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           | Suite, Apt. #, etc.                                          |                                                                                  |                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                           | City & State                                                 |                                                                                  |                                                                                                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                                                   | Zip                                                          | Country                                                                          |                                                                                                                                                              |  |
| 8. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                           |                                                              |                                                                                  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____ |  |
| 9. 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 re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                           |                                                              |                                                                                  |                                                                                                                                                              |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                  |                                                                                                                                                              |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                           |                                                              | <b>10. ADDITIONS/CHANGES</b>                                                     |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>MGRM<br/>RIDGECREST GROVES, INC.<br/>P.O. BOX 1425<br/>THONOTOSASSA, FL 33592</b> <input type="checkbox"/> Delete                      |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Manager<br/>Triple Net Properties, LLC<br/>1551 North Tustin Ave. Ste #200<br/>Santa Ana, CA 92705</b> <input type="checkbox"/> Delete |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                                           |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                                           |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                                           |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                                                           |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| 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. |                                                                                                                                           |                                                              |                                                                                  |                                                                                                                                                              |  |
| <b>SIGNATURE:</b> <u>Linda Dyer</u> <u>4/30/06</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                               |                                                                                                                                           |                                                              |                                                                                  |                                                                                                                                                              |  |

**30011051**



04262006 Chg-LLC CR2E083 (11/05)

4. FEI Number ☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required