## M050000 6100

(Re	equestor's Name)	
(Ac	ddress)	
γ		•
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
<b>(</b> Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		100
		110 H
	Office Use Onl	~ MN X1



100081852401

11/20/06--01018--003 \*\*250.00

SECRETARY OF STATE SECRETARY OF STATE

06 NOV 20 PM 3: 27

## \* 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	ed liability company is: NNN Dora	al Court 11, LLC	·
	f the limited liability company is:		
1551 N Tustin Avenue, Sui	te 200, ATTN: Entity Compliance Mana	ager, Santa Ana, CA 92705	
44/4/0005		M05000006100	
11/1/2005		M05000006100	
3. Date of filing/registrat	tion in Florida	4. Document number	
5. The name of the registresistance Florida Department of	ered agent and the registered office State:	address as shown on the record	s of the
	Corporation Service Company		0
	Name		6 <b>3</b>
	1201 Hays Street		2
	Address	H	图 23 晋
Tallahassee, FL 32301		,	图 。 巴
	City, State and Z	nb ;,	유 프
6. The name and address of the new registered agent and/or office:		FILED  06 NOV 20 PM 3: 27  SECRETARY_OF STATE	
	NRAI Services, Inc.		<b>&gt;</b>
	Name 2731 Executive Park Drive, Suite 4	·	
	Florida street address (P.O. Box	NOT acceptable)	
	Weston FL 33331	1	
	City, State and Zir	<del></del>	
	City, State and Zip	,	
confirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limite the li	mpany is not organized under the latchange or changes are made, the Flof the registered agent will be identicated confirmed that the change(s) wed liability company or as otherwise of the limited liability company.	orida street address of the registe	red office
Paul J. Hagan, attorney-in-	fact		
(Printed or typed name of signee	)		
comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services. Vic.  (Signature of Registered Agent)  Haul J. Hagan. Assistant S	nintment as registered agent and agns of all statutes relative to the propagations of my posithis document is being filed to mere that the limited liability company to be the limited liability to be the liability t	per and complete performance of ition as registered agent as provely ely reflect a change in the regist has been notified in writing of ti	her agree to f my duties, ided for in ered office his change.
V Division	on of Corporations, P.O. Box 632	7, Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18(10/99)