## M050000000109

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
,		
		11-29
	Office Use Only	1118



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED 06 MOV 20 PM 2:57

## 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 com	pany is: NNN Dora	al Court 21, LLC	
2. The mailing address o				
1551 N Tustin Avenue, Sui	te 200, ATTN: E	ntity Compliance Mana	ager, Santa Ana, CA	92705
11/1/2005			M05000006109	
3. Date of filing/registrat	tion in Florida	<del></del>	4. Document num	nber
5. The name of the registrelic Florida Department of		the registered office	address as shown o	on the records of the
i.		ervice Company		
		Name		
	1201 Hays Str	eet		
		Address		
	Tallahassee, F			
		City, State and Z	ip	
6. The name and address	of the new regi	istered agent and/or	office:	O6 NOV SECRET
	NRAI Services	, Inc.		まる そ
	<del></del>	Name		FIL ZO ZARY ASSE
	2731 Executive	Park Drive, Suite 4		
	Florida stree	et address (P.O. Box	NOT acceptable)	4 2: STA 1 COR
	Weston	FL 33331		DA 57
		City, State and Zip	•	•
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that of the	change or change the registered preby confirmed ed liability com of the limited li	es are made, the Flo agent will be identic I that the change(s) v pany or as otherwise ability company.	rida street address or al. Or, in the case of vas/were authorized	of the registered office of a Florida limited I by an affirmative vote o
Paul J. Hagan, attorney-in- (Printed or typed name of signee				
` '				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services. Inc.	intment as regins of all statutes ad accept the obtinities document in that the limite	stered agent and agi s relative to the prop oligations of my posi is being filed to mere d liability company	ree to act in this caper and complete pe tion as registered a tion reflect a change has been notified in	pacity. I further agree to informance of my duties, igent as provided for in in the registered office writing of this change.
Signature of Registered Agent) Paul J. Hagan, Assistant S	ecretarv			
Divisio	on of Corporat	tions, P.O. Box 632'	7, Tallahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)