

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

DOCUMENT# M05000006118

Entity Name: NNN DORAL COURT 29, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

1551 N. TUSTIN AVE., SUITE 200  
SANTA ANA, CA 92705

**Current Mailing Address:**

**New Mailing Address:**

1551 N. TUSTIN AVE., SUITE 200  
SANTA ANA, CA 92705

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

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.

SIGNATURE:

\_\_\_\_\_ Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: TRIPLE NET PROPRTIE, S, A VA. LLC  
Address: 1551 N. TUSTIN AVE., SUITE 200  
City-St-Zip: SANTA ANA, CA 92705

Title: MGR (X) Change ( ) Addition  
Name: COFFEY, JAMES  
Address: 16 W 11TH RD  
City-St-Zip: BROAD CHANNEL, NY 11693 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: JAMES COFFEY

MGR

04/27/2007

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date