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SECRETARY OF STATE
FALLAHASSEE, FLORID/

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 limited liability company is: NNN Doral Court 32, LLC					
2. The mailing address o					
1551 N Tustin Avenue, Sui	te 200, ATTN: Entity Comp	liance Manager, Sant	a Ana, CA 92	705	
11/1/2005 M			M05000006121		
3. Date of filing/registrat	tion in Florida	4. Docu	ıment numbe	r	
5. The name of the register Florida Department of		ered office address a	is shown on t	ne records of the	
	Corporation Service Com	pany			
		Name			
	1201 Hays Street				
		ddress			
	Tallahassee, FL 32301			SE SE	
	City, S	tate and Zip		ES 8	
Tallahassee, FL 32301 City, State and Zip 6. The name and address of the new registered agent and/or office: NRAI Services, Inc. Name 2731 Executive Park Drive, Suite 4					
	NRAI Services, Inc.			FF 2 10	
	N	ame		To F	
	2731 Executive Park Drive			ନ୍ତି ∾	
	Florida street address	(P.O. Box NOT acc	eptable)	DA O	
	Weston	FL 33331			
	City, Sta	nte and Zip			
If the limited liability conconfirmed 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 operating agreement of a member or authors.	hange or changes are many the registered agent will be reby confirmed that the confirmed liability company or as of the limited liability confirmed liability liability confirmed liability liabilit	de, the Florida stree be identical. Or, in thange(s) was/were to otherwise provided inpany.	t address of the the case of a authorized by	he registered office Florida limited an affirmative vote of	
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 ARAI Services, Inc.	intment as registered age ns of all statutes relative nd accept the obligations this document is being fil n that the limited liability	ent and agree to act to the proper and co of my position as re ed to merely reflect company has been	in this capac implete perfo gistered ager a change in i notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.	
Paul J. Hagan, Assistant S.	ecretary on of Corporations, P.O	. Box 6327, Tallah	assee, FL 32	2314	

FILING FEE: \$25.00

INHS18(10/99)