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SECKLIANT OF STATE
ALL ALASSEE FLORIDA

** 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 40, LLC	
2. The mailing address of the limited liability con		
1551 N Tustin Avenue, Suite 200, ATTN: Entity Comp	liance Manager, Santa Ana, CA 92705	
3/1/2006	M06000001230	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on the records of the	
Corporation Service Com	pany	
	Name	
1201 Hays Street		
	Address	
Tallahassee, FL 32301	SE SE	
City, State and Zip		
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 Florida street address (P.O. Par NOT secretable)		
NRAI Services, Inc.	E C	
Name 2731 Executive Park Drive, Suite 4		
Florida street address	(P.O. Box NOT acceptable)	
Weston	FL 33331	
City, Sta	ate and Zip	
and the business office of the registered agent will liability company, it is hereby confirmed that the	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of sotherwise provided in the articles of organization or mpany.	
Paul J. Hagan, attorney-in-fact (Printed or typed name of signee)		
comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fixed ress, I hereby confirm that the limited liability NRAI Services, Inc. (Signature of Refistered Agent) Paul J. Hagan, Assistant Secretary	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change. D. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00