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(Re	equestor's Name)	
	,	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT.	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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11/20/06--01035--005 **250.nn

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

A .

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 42, LLC		
	mailing address of the limited liability company is:		
1551 N	Tustin Avenue, Suite 200, ATTN: Entity Compliance Manager, Santa Ana, CA	92705	
3/17/200	06 M06000001568		
3. Date	te of filing/registration in Florida 4. Document number		
	name of the registered agent and the registered office address as shown da Department of State:	on the records of the	ie
	Corporation Service Company		
	Name	•	
	1201 Hays Street	2006 NOV 20 SECRETARY TALLAHASSE	
	Address		award and
Tallahassee, FL 32301			*****
City, State and Zip		20 AR SS	
6. The name and address of the new registered agent and/or office:		NOV 20 PM 3: 46 CRETARY OF STATE LAHASSEE. FLORIDA	M
NRAI Services, Inc.		9R 1	
	Name 2731 Executive Park Drive, Suite 4	TE 45	
	Florida street address (P.O. Box NOT acceptable)		
	Weston FL 33331		
	City, State and Zip		
confirm and the liability the men the open	mited liability company is not organized under the laws of the State of I ned that after the change or changes are made, the Florida street address business office of the registered agent will be identical. Or, in the case company, it is hereby confirmed that the change(s) was/were authorized in the limited liability company or as otherwise provided in the arrating agreement of the limited liability company.	of the registered of of a Florida limite d by an affirmative	ffice ed e vote of
(Printed c	Hagan, attorney-in-fact or typed name of signee)		
Signatur	ny accept the appointment as registered agent and agree to act in this convirts the provisions of all statutes relative to the proper and complete purification with and accept the obligations of my position as registered in 608, F.S. Or, if this document is being filed to merely reflect a change in the confirm that the limited liability company has been notified in the limited liability company has been notified liability liability liability company has been notified liability li	ipacity. I further a erformance of my agent as provided in the registered in writing of this ch	gree to duties, for in office aange.
raui J. I	Hagan, Assistant Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FI	32314	

INHS18(10/99) FILING FEE: \$25.00