## 106000002351

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SECRETARY OF STATE DIVISION OF CORPORATION

J. BRYAN NOV 2 1 20061

## STAZEMENT 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 Aventura Harbour Centre 3, LLC	
2. The mailing address of the limited liability co		
1551 N Tustin Avenue, Suite 200, ATTN: Entity Com	pliance Manager, Santa Ana, CA 92705	
4/25/2006	M06000002351	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the regist Florida Department of State:	tered office address as shown on the records of the	
Corporation Service Co	mpany	
	Name	
1201 Hays Street		
	Address	
Tallahassee, FL 32301	in the second se	
City,	State and Zip	
6. The name and address of the new registered ag	State and Zip gent and/or office:  State and Zip  Secretary  Secre	
NRAI Services, Inc.	Ö≺m	
	─────────────────────────────────────	
2731 Executive Park Dri	ve, Suite 4 $\overset{\mathcal{R}}{\sim}$ $\overset{\mathcal{R}}{\sim}$ $\overset{\mathcal{R}}{\sim}$ $\overset{\mathcal{R}}{\sim}$ $\overset{\mathcal{R}}{\sim}$	
Florida street address	ve, Suite 4  (P.O. Box NOT acceptable)	
Weston	FL 33331	
City, State and Zip		
and the business office of the registered agent wi	ade, the Florida street address of the registered office ll be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or ompany.	
Paul J. Hagan, attorney-in-fact (Printed or typed name of signee)		
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligation. Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability NFAI Services. Ind.  (Signature of Registered Agent) Paul J. Hagan. Assistant Secretary	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in illed to merely reflect a change in the registered office y company has been notified in writing of this change.  O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18(10/99)