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SECRETARY OF STATE

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 limite	ed liability comp	pany is: NNN Avent	ura Harbour Ce	ntre 10, LLC	
2. The mailing address of					
1551 N Tustin Avenue, Suit	te 200, ATTN: En	tity Compliance Manag	er, Santa Ana, CA	92705	
5/15/2006		ı	M06000002682		
3. Date of filing/registrat	ion in Florida	 4	. Document num	ber	
5. The name of the register Florida Department of		he registered office ac	ldress as shown or	n the records of	the
•	Corporation Sea	rvice Company			
	-	Name			
	1201 Hays Stre	et			
		Address			
	Tallahassee, Fl				
		City, State and Zip			
6. The name and address	of the new regis	stered agent and/or of	fice:	T _A !	90
	NRAI Services,	Inc.		.L.≤.	₹
		Name		AST V	, All
	2731 Executive	Park Drive, Suite 4		SE YEL	<u>r</u> ≥0
	Florida street	address (P.O. Box N	OT acceptable)	OF S	06 NOY 20 PM 3: 04
	Weston	FL 33331			င္မ
		City, State and Zip	· · · · ·	≫111	4
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 limited that the operation of the limited that the limi	hange or change f the registered a creby confirmed ed liability comp of the limited lia	es are made, the Floridagent will be identical that the change(s) was pany or as otherwise pubility company.	da street address of the case	of the registered of a Florida limit by an affirmativ	office ted ve vote of
4	•				
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 NBAI Services, Inc.	ns of all statutes id accept the ob- this document is i that the limited	stered agent and agree relative to the proper ligations of my position being filed to merely l liability company ha	e to act in this cap r and complete pe on as registered a reflect a change is been notified in	pacity. I further rformance of my gent as provided in the registered writing of this c	agree to duties, for in office change.
(Mignature of Registered Agent) Haul J. Hagan, Assistant S	ecretary on of Corporati	ions, P.O. Box 6327,	Tallahassee, FL	32314	

FILING FEE: \$25.00

INHS18(10/99)