M060000 2852

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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Special Instructions to	Filing Officer:	
		11-20
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SECRETARY OF STATE

40 / 20 PM 3: 06

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 company is:	NNN Avent	ura Harbour Cer	ntre 12, LLC		,
2. The mailing address of						
1551 N Tustin Avenue, Suit	e 200, ATTN: Entity Com	npliance Manag	er, Santa Ana, CA	92705		
5/23/2006			M06000002852			
3. Date of filing/registrat	ion in Florida		l. Document numb	per		
5. The name of the registe Florida Department of		stered office a	ddress as shown on	the records of	f the	
_	Corporation Service Co	ompany				
		Name	-			
	1201 Hays Street					
		Address			_	
Tallahassee, FL 32301		Z S	96			
City, State and Zip		是是	6			
6. The name and address of the new registered agent and/or office:		CRETARY OF STATE AHASSEE, FLORIDA	06 NOV 20	FILED		
	NRAI Services, Inc.			;'' <u>9</u>	PH	3
		Name		15 15	ယ္	
	2731 Executive Park Dr			意為	3: 06	
	Florida street addres	ss (P.O. Box N	OT acceptable)	٠ ٠ حل	5	
	Weston	FL_33331				
	City, S	State and Zip		•		
If the limited liability con confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limite that the limite specific days are the limite that the operating agreement of lagar than the limite that the operating agreement of lagar than the limite that the limited that the limited liability company to the limited liability company to the limited liability company that the limited liability company to the liability	hange or changes are managed the registered agent was reby confirmed that the dead liability company or	nade, the Flori vill be identical e change(s) wa as otherwise p	da street address of Or, in the case of s/were authorized	f the registered f a Florida lim by an affirmat	l office ited ive vo	te of
(Signature of a member or author	rized representative of a member	per)				
V ,						
Paul J. Hagan, attorney-in-f (Printed or typed name of signee)						
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if it address, I hereby confirm NRAL Services Ind. (Signature of Registered Agent) Paul J. Hagan, Assistant Services	intment as registered and sof all statutes relatived accept the obligation this document is being a that the limited liabilication				r agre 1y duti 2d for d 2d offic chang	e to es, in ce ee.
Divisio	on of Corporations, P.	.U. DUX 032/,	i ananassee, r L	34314		

FILING FEE: \$25.00

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