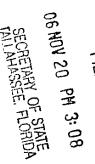
## M0600000 3644

(Requestor's Name)		
(Ac	idress)	
(A.	ides a	
(AC	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(R)	siness Entity Nam	<u>a)</u>
(50	isiness Endry (vain	<b>e</b> )
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
<u> </u>		
Special Instructions to	Filing Officer:	·
		ואאלו /.
1		11001
<b>L.</b>		1119
	Office Use Only	, , M



700081852287

11/20/06--01018--002 \*\*250.00



## \* 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 Aventura Harbour Centre 14, LLC	
2. The mailing address of the limited liability	y company is :	
1551 N Tustin Avenue, Suite 200, ATTN: Entity C	Compliance Manager, Santa Ana, CA 92705	
6/29/2006	M06000003644	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the re Florida Department of State:	M06000003644  4. Document number  egistered office address as shown on the records of the  Company Name  Address  301  ity, State and Zip  d agent and/or office:	
Corporation Service	Company ES 5	
	Name Pri	
1201 Hays Street		
Address		
بن Tallahassee, FL 32301		
City, State and Zip		
6. The name and address of the new registered	d agent and/or office:	
NRAI Services, Inc.		
Name 2731 Executive Park Drive, Suite 4		
Florida street address (P.O. Box NOT acceptable)		
	` '	
Weston	FL 33331	
City	y, State and Zip	
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that	ted under the laws of the State of Florida, it is hereby to made, the Florida street address of the registered office to will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote of or as otherwise provided in the articles of organization or the ty company.	
Paul J. Hagan, attorney-in-fact (Printed or typed name of signee)		
(Signature of Registered Agent) Paul J. Hagan, Assistant Secretary	d agent and agree to act in this capacity. I further agree to active to the proper and complete performance of my duties, tions of my position as registered agent as provided for in ng filed to merely reflect a change in the registered office bility company has been notified in writing of this change.  P.O. Box 6327, Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18(10/99)