

DOCUMENT# M06000003954

Entity Name: NNN AVENTURA HARBOUR CENTRE 17, LLC

New Principal Place of Business:

Current Mailing Address:**New Mailing Address:**

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: KEISER, MICHAEL S
Address: 3 FARM ROAD
City-St-Zip: ARDSLEY, NY 10502

Title: MGRM
Name: KEISER, SUSAN
Address: 3 FARM ROAD
City-St-Zip: ARDSLEY, NY 10502

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL KEISER

MGRM

05/20/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date