## M06000004752

| (Requestor's Name)                      |   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| (Address)                               |   |  |  |  |  |  |
| (Address)                               |   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |   |  |  |  |  |  |
| PICK-UP WAIT MAI                        | - |  |  |  |  |  |
| (Business Entity Name)                  |   |  |  |  |  |  |
| (Document Number)                       |   |  |  |  |  |  |
| Certified Copies Certificates of Status |   |  |  |  |  |  |
| Special Instructions to Filing Officer: |   |  |  |  |  |  |
|   |   |  |  |  |  |  |
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Office Use Only



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11/20/06--01024--003 \*\*250.00

SECRETARY OF STATE SECRETARY OF CORPORATIONS

J. BRYAN NOV 2 1 2006.

## 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 limit   | ad liability company is:   | . NNN Aventura   | a Harbour Cent   | tre 23, LLC   |
|--|--|--|--|---|
|  |  |  | <del> ··</del>   | ·   |
| 2. The mailing address of  | or the limited hability co   | ompany is :  | · · · · · · · · · · · · · · · · · · ·  | •   |
| 1551 N Tustin Avenue, Su   | ite 200, ATTN: Entity Con  | mpliance Manager,  | Santa Ana, CA 92   | <u>2705                                    </u>   |
| 8/28/2006 M06000004752   |  |  | 6000004752   |   |
| 3. Date of filing/registra   | tion in Florida  | 4. I   | Document number  | er  |
| 5. The name of the regist Florida Department of  |  | stered office addre  | ess as shown on  | the records of the  |
| •  | Corporation Service Co   | ompany   |  |   |
|  |  | Name   |  |   |
|  | 1201 Hays Street   |  | ·  |   |
|  |  | Address  |  |   |
|  | Tallahassee, FL 3230   | 7, State and Zip   |  | os I  |
| < m  | •  | •  |  |   |
| 6. The name and address  | of the new registered a  | agent and/or office  | e:   | SECRETARY<br>SECRETARY<br>OF NOV 20   |
| NRAI Services, Inc.  |  |  |  | POF S   |
|  |  | Name   |  | OR AT   |
|  | 2731 Executive Park Di   | rive, Suite 4  |  | # 08  |
|  | Florida street addres  | ss (P.O. Box <b>NO</b> 1   | Γacceptable)   | <b>8</b> %  |
|  | Weston   | FL 33331   |  |   |
|  | City,  | State and Zip  |  |   |
| If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement light agreement light and light agreement light and light agreement light light agreement light ligh | change or changes are not the registered agent we ereby confirmed that the ed liability company or of the limited liability company or | made, the Florida solid be identical. Come change(s) was/was otherwise provious provi | street address of or   | the registered office<br>a Florida limited<br>by an affirmative vote of                                     |
| Paul J. Hagan, attorney-in-<br>(Printed or typed name of signed  | e)   |  |  |   |
| I hereby accept the appa<br>comply with the provisio<br>and I am familiar with a<br>Chapter 608, F.S. Or, if<br>address, I hereby confirm<br>NRAI Services, Ifc.   |  | agent and agree to<br>ve to the proper at<br>ns of my position of<br>filed to merely re<br>ity company has b   | o act in this capa<br>nd complete perf<br>as registered age<br>flect a change in<br>been notified in w | city. I further agree to ormance of my duties, and as provided for in the registered office or this change. |
| (fignature of Registered Agent) Paul J. Hagan, Assistant S <b>Divisi</b>   | Secretary<br>on of Corporations, P   | P.O. Box 6327, Ta  | ıllahassee, FL 3   | 2314  |

**FILING FEE: \$25.00** 

INHS18(10/99)