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SECRETARY OF STATENS
DIVISION OF CORPORATIONS
OF NOV 20 AH 8: 08

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 limite	ed liability company is:	NNN Aventura Harbour Centre 24	1, LLC
2. The mailing address of			
1551 N Tustin Avenue, Suit	e 200, ATTN: Entity Com	pliance Manager, Santa Ana, CA 92705	•
8/28/2006		M06000004753	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the register Florida Department of	ered agent and the regist State:	tered office address as shown on the re	cords of the
•	Corporation Service Co	mpany	
	·	Name	
	1201 Hays Street		
		Address	r)
	Tallahassee, FL 32301		96 NEST
	City,	State and Zip	SECRET IVISION O
6. The name and address	of the new registered ag	gent and/or office:	FILE FILE FIARY FOF CO
	NRAI Services, Inc.		A PROPERTY.
]	Name	STA OR STA
	2731 Executive Park Dri	ve, Suite 4	RATIONS 8: 08
	Florida street address	s (P.O. Box NOT acceptable)	8 75
	Weston	FL 33331	
	City, S	tate and Zip	
confirmed that after the c	hange or changes are method the registered agent with reby confirmed that the ed liability company or a fifth the limited liability company.	under the laws of the State of Florida, is ade, the Florida street address of the rell be identical. Or, in the case of a Florida change(s) was/were authorized by an assotherwise provided in the articles of company.	egistered office
Paul J. Hagan, attorney-in-f			
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 NRAI Services Inc. (Signature of Ragistered Agent) Paul J. Hagan, Assistant Sc		gent and agree to act in this capacity. e to the proper and complete performa s of my position as registered agent as filed to merely reflect a change in the r y company has been notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.
Divisio	on of Corporations, P.	O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

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