M06000005158

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SECRETARY OF STATE OF CORPORATIONS 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 limite	ed liability comp	pany is: NNN DCF	Campus 13, LLC	<u> </u>
2. The mailing address o	f the limited liab	bility company is:		<u> </u>
1551 N Tustin Avenue, Sui	te 200, ATTN: En	tity Compliance Manag	ger, Santa Ana, CA	92705
9/20/2006			M06000005158	
		4. Document num	ber	
5. The name of the registresisted Florida Department of		he registered office a	ddress as shown or	n the records of the
•	Corporation Ser	rvice Company		
		Name		
	1201 Hays Stre			~~1
	Tallahassa Fl	Address		90 SILAND
Tallahassee, FL 32301 City, State and Zip		SECRETARY OF BOY 20		
6 The name and address	of the navy regis			V2
6. The name and address	of the new regis	stered agent and/or or	rice.	0 SXE
	NRAI Services, Inc.		POR	
	0704 5 1	Name		AH 8: 06
		Park Drive, Suite 4	IOT I I .	6 88
	Florida street	address (P.O. Box N	(OT acceptable)	
	Weston	FL 33331		
		City, State and Zip		
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the limi	change or change of the registered a creby confirmed ed liability comp of the limited lia	es are made, the Floringent will be identical that the change(s) was otherwise publicy company.	ida street address o l. Or, in the case o as/were authorized	of the registered office of a Florida limited by an affirmative vote of
Paul J. Hagan, attorney-in-	fact			
(Printed or typed name of signee				
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services for (Signature of Registered Agent)	ns of all statutes and accept the oblining this document is a that the limited	stered agent and agreent relative to the proper ligations of my positions being filed to merel thability company his	ee to act in this cap er and complete pe ion as registered a y reflect a change as been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
Raul J. Hagan, Assistant S	ecretary on of Corporati	ions, P.O. Box 6327,	, Tallahassee, FL	32314

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