## M06000005166

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
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DIVISION OF CORPORATIONS
OF NOV 20 AH 8: 07

J. BRYAN NUV 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 Ce	entre 33, LLC	
2. The mailing address of				
1551 N Tustin Avenue, Suit	e 200, ATTN: Entity Comp	oliance Manager, Santa Ana, CA	92705	
9/20/2006		M06000005166		
3. Date of filing/registration in Florida		-	4. Document number	
5. The name of the registor Florida Department of		ered office address as shown of	on the records of the	
	Corporation Service Con	npany		
		Name		
	1201 Hays Street			
		Address		
	Tallahassee, FL 32301			
	City, S	State and Zip	96 DIV	
6. The name and address	of the new registered ag	ent and/or office:	NON CONTRACTOR	
	NRAI Services, Inc.		TAR OF C	
	Name 2731 Executive Park Drive, Suite 4		ORPOR S	
	Florida street address	(P.O. Box NOT acceptable)	RATION 8: 07	
	Weston	FL 33331	7 %	
	City, St	ate and Zip		
confirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limite the limite the limite the operating agreement of the limite t	hange or changes are ma	nder the laws of the State of Fade, the Florida street address of the identical. Or, in the case change(s) was/were authorized so otherwise provided in the armpany.	of the registered office	
Paul J. Hagan, attorney-in-1 (Printed or typed name of signee)		·····		
(Signature of Registered Agent) Paul J. Hagan, Assistant Se	ecretary	ent and agree to act in this ca to the proper and complete po of my position as registered o led to merely reflect a change company has been notified in ————————————————————————————————————		

**FILING FEE: \$25.00** 

INHS18(10/99)