2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# M07000007229

Entity Name: NLSAF JACKSONVILLE GP LLC

Current Principal Place of Business:

ONE PENN PLAZA, SUITE 4015
NEW YORK, NY 10119

New Principal Place of Business:

Current Mailing Address:

ONE PENN PLAZA, SUITE 4015
NEW YORK, NY 10119

New Mailing Address:

FEI Number: 26-1351585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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 ( ) Delete
Name: THE LEXINGTON MASTER LIMITED PARTNERSHIP
Address: ONE PENN PLAZA, SUITE 4015
City-St-Zip: NEW YORK, NY 10119

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NET LEASE STRATEGIC ASSETS FUND L.P.
Address: ONE PENN PLAZA, SUITE 4015
City-St-Zip: NEW YORK, NY 10119

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARIA HALL MGRM 03/09/2009

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