

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000020268 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5926

LORIDA/FOREIGN LIMITED LIABILITY CO.

NNN Retail Properties Fund Sub III LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 25 2008

https://efile.sunbiz.org/scripts/efilcovr.exe

PAGE 01/04

CT CORP

920222098

\$5:EI 800Z/\$Z/I0

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: NNN Retail Properties Fund Sub III LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") Delaware (Jurisdiction under the law of which foreign limited liabilit (FEI number, if applicable) company is organized) perpetual January 23, 2008 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 450 South Orange Avenue, Suite 900 Orlando, FL 32801 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: NNN Retail Properties Fund I LLC 450 South Orange Avenue, Suite 900 Orlando, FL 32801 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 11. Nature of business or purposes to be conducted or promoted in Florida: maintain principal office Signature of a member or an authorized representative of a member.

FL037 - 06/23/3007 C T System Online

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the parallies of parjury that the facts stated herein are true.)

Christopher P. Tessitore

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability Comp	pany is:		
NNN Retail Prop				
If name unavai	ilable, the alternate name to b	oe used in the state	of Florida is:	
2. The name and the Florida street address of the registered agent and office are:			SECRET DIVISION O	
C T Corporation System			N 24	
(Name)			PART PROPERTY	
1200 South Pine Island Road			AH 8:	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			ATTENS 8: 01	
	Plantation	FL	33324	
·		City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

C T Corporation System

By: Darlana aburka (Signature)

Barbara A. Burke Special Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

PLOST - 06/28/2007 C T System Oaling

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAN RETAIL PROPERTIES FUND SUB III LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JANUARY, A.D. 2008.

AUTRENTICATION: 6331039

DATE: 01-23-08