| No. W 37208 | | Due no later than Mar 31, 2010 | | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|----------|---|------------------------|-----------|--|-------|---------|-------------|--|
| Return to: | | Annual Report Form | | | CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:* | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. NET LEASE FUNDING 2005, LLC BRENDA ANDRIANI 450 S. ORNAGE AVE. 11TH FLOOR ORLANDO FL 32801 USA | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | | | |
| Office Held | Name | mes and Addresses of a | Street or PO Address | | City | State | Country | Postal Code | |
| MANAGER | DARREN A | KOWALSKE | 8377 E. HARTFORD DRIVE | SUITE 200 | SCOTTSDALE | AZ | USA | 85255 | |
| 5 Organized Under the La | aws of | 6 Appual Penort must | ha signed * | | | | | | |
| 5. Organized Under the Laws of: DE W 37208 | | 6. Annual Report must be signed.* Signature: Brenda Andriani | | | Date: 02/12/2010 | | | | |
| | | Name (type or print): Brenda Andriani | | | Title: Assistant Secretary | | | | |
| Processed 02/12/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | | | |

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| Office Held | Name | mes and Addresses of a | Street or PO Address | | City | State | Country | Postal Code | |
| MANAGER | DARREN A | KOWALSKE | 8377 E. HARTFORD DRIVE | SUITE 200 | SCOTTSDALE | AZ | USA | 85255 | |
| 5 Organized Under the La | aws of | 6 Appual Penort must | ha signed * | | | | | | |
| 5. Organized Under the Laws of: DE W 37208 | | 6. Annual Report must be signed.* Signature: Brenda Andriani | | | Date: 02/12/2010 | | | | |
| | | Name (type or print): Brenda Andriani | | | Title: Assistant Secretary | | | | |
| Processed 02/12/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | | | |