FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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Prefix

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SEC USE ONLY

Serial

OMB APPROVAL



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

DATE RECEIVED

Name of Offering (check if this is an amendmen	t and name has cl	nanged, and indi-	cate change.)						
NNN Landing Apartments, LLC - \$5,100,000 Offe	ring				EC MAIL				
Filing Under (Check box(es) that apply):	© ULOES								
Type of Filing: ⊠ New Filing ☐ Amendme	ent			\$ 6					
	A. BASIC II	DENTIFICATION	ON DATA	NS.	SIN SIN				
1. Enter the information requested about the issuer:				0	5U1/5 18				
Name of Issuer: (check if this is an amendment and name has changed, and indicate change.)									
NNN Landing Apartments, LLC					SECTION				
Address of Executive Offices	(Including Area Code)								
4 Hutton Centre Drive, Suite 700, Santa Ana, California 92707 (877) 888-7348									
Address of Principal Business Operations	(Including Area Code)								
(if different from Executive Offices)									
Brief Description of Business:									
Own an apartment community located in Durham, North Carolina /34/5/4									
Type of Business Organization									
☐ corporation ☐ limited pa	d Liability Company								
☐ business trust ☐ limited pa	rtnership, to be fo	ormed							
	Mor	nth Year			PROCECCE				
Actual or Estimated Date of Incorporation or Organia	zation: 1	1 0 5		☐ Estimated					
Jurisdiction of Incorporation or Organization: (Ent	er two-letter U.S	Postal Service a	bbreviation for S	State:	DEC 2.3 2005 E				
CN	for Canada: FN f	or other foreign	urisdiction)	D E	THOMAS				
GENERAL INSTRUCTIONS					FINANCIAL				

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et. seq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by the United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington D.C. 20549.

Copies Required: Five (5) Copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply	☑ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General an	d/or Managing Partner			
Full Name (Last name first, Thompson, Anthony W.	if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code) 1551 N. Tustin Avenue, Suite 200, Santa Ana, California 92705									
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General an	d/or Managing Partner			
Full Name (Last name first, Voorhies, Talle	if individual)								
Business or Residence Add 4 Hutton Centre Drive,	(ber and Street, City, State a Ana, California 92'							
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General an	d/or Managing Partner			
Full Name (Last name first, Maurer, Jack	if individual)								
Business or Residence Add	ress (Num	ber and Street, City, State	e, Zip Code)						
4 Hutton Centre Drive,	Suite 700, Sant	a Ana, California 92	707						
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General an	d/or Managing Partner			
Full Name (Last name first, Rogers, Louis J.	if individual)								
Business or Residence Add 1551 N. Tustin Avenue, Su	,	ber and Street, City, State 111, California 92705	e, Zip Code)						
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General ar	d/or Managing Partner			
Full Name (Last name first, NNN Housing, LLC	if individual)								
Business or Residence Add 1551 N. Tustin Avenue, St	`	ber and Street, City, State 1a, California 92705	e, Zip Code)						
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General ar	d/or Managing Partner			
Full Name (Last name first, Peters, Scott	if individual)								
Business or Residence Add 1551 N. Tustin Avenue, St	`	ber and Street, City, State 1a, California 92705	e, Zip Code)						
Check Box(es) that Apply	Promoter	☐ Beneficial Owner		fficer 🛛 I	Director	General and/or			
Full Name (Last name first, Richard T. Hutton, Jr.	, if individual)								
Business or Residence Add 4 Hutton Centre Drive, Su	•	ber and Street, City, State na, California	e, Zip Code)						

A. BASIC IDENTIFICATION DATA

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 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

		1			
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first Daniel R. Baker	, if individual)				
Business or Residence Add	•	nber and Street, City, Sta	ite, Zip Code)		
4 Hutton Centre Drive, S	uite 700, Santa A	na, California 92707			
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	t, if individual)				
Business or Residence Add	dress (Nur	nber and Street, City, Sta	ate, Zip Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	t, if individual)				
Business or Residence Add	dress (Nur	nber and Street, City, Sta	ate, Zip Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	t, if individual)				
Business or Residence Add	dress (Nur	nber and Street, City, Sta	ate, Zip Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	t, if individual)				
Business or Residence Add	dress (Nur	mber and Street, City, Sta	ate, Zip Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	t, if individual)				
Business or Residence Add	iress (Nur	nber and Street, City, Sta	ate, Zip Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first	t, if individual)				
Business or Residence Ado	dress (Nur	nber and Street, City, Sta	ate, Zip Code)		

					В.	INFORMA	TION ABO	OUT OFFE	RING				
1.	Has the issue	r sold, o	or does t	he issuer in	tend to sell, t	o non-accre	dited invest	ors in this of	ffering?			Yes □	No ⊠
								a 2, if filing	-				
2	What is the	ninimur	, n invocte	mont that w								e en	15 000
	What is the minimum investment that will be accepted from any individual? (Issuer reserves the right to sell fractional units) Does the offering permit joint ownership of a single unit?										Yes	<u>25,000</u> No	
3.	Does the off	ering pe	rmit join	ıt ownership	of a single	unit?						🛛	
	or similar re listed is an a of the broker forth the info	munerat ssociate or deal rmation	tion for a dipersor er. If me for that	solicitation n or agent o ore than five broker or d	of purchaser f a broker or e (5) persons	s in connect dealer regi	tion with sa stered with	ales of secur the SEC and	ities in the Lor with a s	offering. If tate or states	ny commission a person to be s, list the name er, you may set		
NNN	Name (Last Capital Co	rp.		,			4775						
	ness or Resid						Code)						
	ne of Associan N Capital Co		er or De	aler						-			
State	es in Which P	erson L	isted Ha	s Solicited o	or Intends to	Solicit Purc	hasers	·					
[AL			ates" or o	check indivi	dual States). [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA] [□ Al HI]	Il States [ID]
[IL			[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]		MS]	[MO]
[MT [RI			[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]		OR] WY]	[PA] [PR]
Full	Name (Last	name fi	rst, if inc	dividual)	-								
Busi	ness or Resid	ence Ac	ddress (Number and	d Street, City	, State, Zip	Code)		<u> </u>				·
Nam	ne of Associa	ed Brok	cer or De	ealer	·								
State	es in Which F	erson L	isted Ha	s Solicited	or Intends to	Solicit Puro	hasers					·····	
	(Check	"All Sta	ates" or o	check indivi	idual States).							□ A1	Il States
[AL	.] [AK]	l	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO]	[CT]	[DE]	[DC] [MA]	[FL] [MI]		HI] MS]	[ID] [MO]
[MT] [NE]	ĺ	[NV]	[NH]	[NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[ND]	[OH]	[OK]	OR]	[PA]
[RI] [SC]	١	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI] (WY]	[PR]
Full	Name (Last	name fi	rst, if inc	dividual)	-					-		•	
Busi	ness or Resid	ence A	ddress (Number and	d Street, City	, State, Zip	Code)				·		
Nam	ne of Associa	ed Brol	cer or De	ealer							18-118		
State	es in Which F	erson L	isted Ha	s Solicited	or Intends to	Solicit Purc	hasers						
		"All Sta	ates" or	check indivi	idual States)			•••••				□ A	ll States
[AL [IL			[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]		HI] MS]	[ID] [MO]
[MT] [NE]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	į okj į	OR]	[PA]
<u>[RI</u>] [SC		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	WY]	[PR]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO)CEI	EDS				
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.						
	Type of Security		Aggregate		A	mour	nt
	Debt		fering Pric		Alre \$	eady S	Sold 0
	Equity			0			
	□ Common □ Preferred	" _		<u>v</u>	Ψ		
	Convertible Securities (including warrants)	\$		0	\$		0
	Partnership Interests.			<u>0</u>			0
	Other (Interests/LLC Units).						
	Total						
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ_	3,100,00	<u>~</u>	Ψ		
!	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".						
	A Post Louis		Number Investors		Doll of l	ggreg ar An Purch	nount ases
	Accredited Investors	_	0				
	Non-accredited Investors			_	-		
	Total (for filings under Rule 504 only)	_	<u></u>	_	s		
	Answer also in Appendix, Column 4, if filing under ULOE.						
i.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.						
	Type of Offering		Type of		Doll	ar An	noun
	D 1 506		Security		œ.	Sold	
	Rule 505	-		-	» <u> </u>		
	Regulation A Rule 504			_	p		
				_	ž—		
la.	Total			_	5		
	Transfer Agent's Fees		г		\$		0
	Printing and Engraving Costs			_ 81	\$	8	3,000
	Legal Fees				\$,000
	Accounting Fees.			<u>-</u> -	\$		2,000
	Engineering Fees.				\$		0
	Sales commissions (specify finders' fees separately)			_ Z I	\$	357	7.000
	Other Expenses (identify) (organization and marketing and expense reimbursement)			Ø	\$,000

		<u>E, NUMBER OF INVESTORS, EXPENSES A</u>							
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."									
5.	the purposes shown. If the amount for any	oss proceeds to the issuer used or proposed to be upurpose is not known, furnish an estimate and chements listed must equal the adjusted gross proceed above.	eck the box to		. P				
			_· .	Payments to Officers, Directors, & Affiliates	Payments To Others				
Sal	laries and fees			\$	\$0				
Pu	rchase of real estate		🗵	\$385,500	\$ <u>3,411,000</u>				
Pu	rchase, rental or leasing and installation of macl	ninery and equipment		\$	\$0				
Со	onstruction or leasing of plant buildings and faci	lities		~ \$	\$0				
Ac	quisition of other business (including the value	of securities involved in this offering that may be	used in		4.				
		uer pursuant to a merger)			\$0				
Re	payment of indebtednessorking capital (reserves)	\$. \$0						
W	orking capital (reserves)	🛛	\$	\$ <u>297,500</u>					
Ot	her (specify):		and the second of the second o						
<u>clo</u>	sing and carrying costs and loan fees		🛛	\$ <u>97,000</u>	\$ <u>246,000</u>				
			🖾	\$	\$				
Со	olumn Totals		<u>·</u>	\$ 482,500	\$3,954,500				
	Total Payments Listed (column totals ad	ded)			■ \$ <u>4,437,000</u>				
		D. FEDERAL SIGNATURES							
sig	mature constitutes an undertaking by the issue	ned by the undersigned duly authorized person. er to furnish to the U.S. Securities and Exchange redited investor pursuant to paragraph (b)(2) of R	ge Commission, u						
	suer (Print or Type) NN Landing Apartments, LLC	Signature Mille / roshues	Date 12/9/	/05					
	ame of Signer (Print or Type)	Title of Signer (Print or Type)							
_	alle A. Voorhies	Executive Vice President, Triple Net Proj Member of the Manager of Issuer	perties, LLC, Sol	e					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)