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

### FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| / | 40 | 90 | 8 | $\mathbb{Z}$ |
|---|----|----|---|--------------|
|   |    |    |   |              |

OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response. . . 16.00

|               | SEC USE ( | ONLY   |  |  |  |
|---------------|-----------|--------|--|--|--|
| Prefix        |           | Serial |  |  |  |
|               | 1         | 1      |  |  |  |
| DATE RECEIVED |           |        |  |  |  |
|               |           |        |  |  |  |

| Name of Offering (  check if this is an amendment and name has changed, and indicate change.) |                  |                     |                 |                   |  |                   |
|---|------------------|---------------------|-----------------|-------------------|--|-------------------|
| NNN RIVERWOOD PLACE, LLC  |                  | _                   |                 |                   |  |                   |
| Filing Under (Check box(es) that apply:)  | ☐ Rule 504       | ☐ Rule 505          | ⊠ Rule 50       | )6 □ Sec          | t <u>ion 4(6)</u>                      | □ ULOE            |
| Type of Filing:   ☐ New Filing ☐ Amer   | ndment           |                     |                 | 4                 |  |                   |
|   | A. BASIC         | IDENTIFICAT         | ION DATA        |                   | 1 <b>111</b> 144 <b>10</b> 00 111      | W                 |
| 1. Enter the information requested about the  | issuer           |                     |                 |                   |  |                   |
| Name of Issuer (☐ check if this is an amend NNN RIVERWOOD PLACE, LLC                          | lment and name h | as changed, and     | indicate chang  | e.)               | 11111111111111111111111111111111111111 |                   |
| Address of Executive Offices  | (Number and      | Street, City, State | e, Zip Code)    | Telephone 1       | . •                                    |                   |
| 1551 North Tustin Avenue, Suite 300, Santa  |                  |                     |                 | (877) 888-7       | 348                                    |                   |
| Address of Principal Business Operations  | (Number and      | Street, City, State | JUPPL           | Telephone N       | Number (Inc                            | luding Area Code) |
| (if different from Executive Offices)   | ·                |                     | BIOCE           | コクにロ              |  |                   |
| Brief Description of Business   |                  | ₹-                  | Tarid e.a.      |                   |  |                   |
| Acquisition of office building  |                  |                     | /AUG 10         | <del>2007 —</del> |  |                   |
| Type of Business Organization   |                  | •                   |                 |                   |  |                   |
| □ corporation   | ☐ limited partne | ership, already for |                 | ON 🗵 oth          | er (please s                           | pecify):          |
| ☐ business trust  | ☐ limited partne | ership, to be form  | ed FINANC       | <b>AL</b> Limited | l Liability C                          | Company           |
| Actual or Estimated Date of Incorporation or Organization:    Month   Year       0   7        |                  |                     |                 |                   |  |                   |
| CENTRAL MORPHORIONS   | UN for Cana      | da; FN for other    | ioreign jurisai | iction)           | DE                                     |                   |
| GENERAL INSTRUCTIONS  |                  |                     |                 |                   |  |                   |

Federal:

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 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 SEC.

Filing Fee: There is no federal filing fee.

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.

# 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 ☒ Manager               |  |  |  |  |  |
|--|--|--|--|--|--|
| Full Name (Last name first, if individual)   |  |  |  |  |  |
| Triple Net Properties, LLC   |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                       |  |  |  |  |  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705   |  |  |  |  |  |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ 100% Owner of Manager |  |  |  |  |  |
| Full Name (Last name first, if individual)   |  |  |  |  |  |
| NNN Realty Advisors, Inc.  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                       |  |  |  |  |  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705   |  |  |  |  |  |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director of the Manager          |  |  |  |  |  |
| Full Name (Last name first, if individual)   |  |  |  |  |  |
| Thompson, Anthony W.   |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                       |  |  |  |  |  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705   |  |  |  |  |  |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☒ Director of the Manager          |  |  |  |  |  |
| Full Name (Last name first, if individual)   |  |  |  |  |  |
| Peters, Scott  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                       |  |  |  |  |  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705   |  |  |  |  |  |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer of the Manager ☐ Director          |  |  |  |  |  |
| Full Name (Last name first, if individual)   |  |  |  |  |  |
| Biller, Andrea R.  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                       |  |  |  |  |  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705   |  |  |  |  |  |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer of the Manager ☐ Director          |  |  |  |  |  |
| Full Name (Last name first, if individual)   |  |  |  |  |  |
| LaPoint, Francene  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                       |  |  |  |  |  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705   |  |  |  |  |  |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer of the Manager ☐ Director          |  |  |  |  |  |
| Full Name (Last name first, if individual)   |  |  |  |  |  |
| Hanson, Jeffrey T.   |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                                       |  |  |  |  |  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705   |  |  |  |  |  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

| Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director of the Manager   |
|---|
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director of the Manager  Full Name (Last name first, if individual)                         |
|   |
| Carpenter, Glenn L.   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705  |
| Check Box(es) that Apply:   Promoter Beneficial Owner Executive Officer Director of the Manager   |
| Full Name (Last name first, if individual)  |
| Greene, Harold H.   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705  |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director of the Manager   |
| Full Name (Last name first, if individual)  |
| Hunt, Gary H.   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705  |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director of the Manager   |
| Full Name (Last name first, if individual)  |
| Wallace, D. Fleet   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705  |
| Check Box(es) that Apply:   Promoter   Executive Officer of the Manager   Director of the Manager   |
| Full Name (Last name first, if individual)  |
| Voorhies, Talle A.  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
| 166131 41 75 17 4 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705  Check Boy(as) that Apply:   Represent Banaficial Owner   X  Executive Officer of the Manager   Director |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer of the Manager ☐ Director  Full Name (Last name first, if individual)                         |
| ran rame (Dast name met, ii matricuat)  |
| Hutton, Richard T.  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
| 1551 North Tustin Avenue Suite 200 Santa Ana California 02705   |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705  Check Box(es) that Apply: □ Promoter ☒ Executive Officer of the Manager ☒ Director of the Manager       |
| Full Name (Last name first, if individual)  |
|   |
| Mauer, Jack R.  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705  |
| Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☒ Executive Officer of the Manager □ Director   |
| Full Name (Last name first, if individual)  |
|   |
| Prosky, Danny  Prosky, Danny  Olymbor and Street City State 7in Code)   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705  |

| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer of the Manager ☐ Director |  |  |  |  |  |
|---|--|--|--|--|--|
| Full Name (Last name first, if individual)  |  |  |  |  |  |
|   |  |  |  |  |  |
| Peters, Kent  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                              |  |  |  |  |  |
|   |  |  |  |  |  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705                                      |  |  |  |  |  |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer of the Manager ☐ Director |  |  |  |  |  |
| Full Name (Last name first, if individual)  |  |  |  |  |  |
|   |  |  |  |  |  |
| Beckman, Randy  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                              |  |  |  |  |  |
|   |  |  |  |  |  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705                                      |  |  |  |  |  |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer of the Manager ☐ Director |  |  |  |  |  |
| Full Name (Last name first, if individual)  |  |  |  |  |  |
|   |  |  |  |  |  |
| Streiff, Mathieu B.   |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)                              |  |  |  |  |  |
|   |  |  |  |  |  |
| 1551 North Tustin Avenue, Suite 300, Santa Ana, California 92705                                      |  |  |  |  |  |

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | 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 □ and indicate in the columns below the amount of securities offered for exchange and already exchanged.   |                     |                                      |
|----|--|---------------------|--------------------------------------|
|    | Toma of Canada   | Aggregate           | Amount Already                       |
|    | Type of Security Debt\$  | Offering Price      | Sold                                 |
|    | Equity\$   |                     |                                      |
|    | Convertible Securities (including warrants)  |                     |                                      |
|    | Partnership Interests  |                     |                                      |
|    | Other (Specify: LLC Units and Undivided Tenant in Common Interests)\$  |                     |                                      |
|    | Total  |                     |                                      |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   | ,500,000            |                                      |
| 2. | 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." |                     | Aggrapata                            |
|    |  | Number<br>Investors | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors   |                     |                                      |
|    | Non-accredited Investors   |                     | ·                                    |
|    | Total (for filings under Rule 504 only)  |                     | . \$                                 |
| 3. | 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.   |                     |                                      |
|    | m  | Type of             | Dollar Amount                        |
|    | Type of offering   | Security            | Sold                                 |
|    | Rule 505   |                     | . 5                                  |
|    | Regulation A   |                     | . \$                                 |
|    | Total  |                     | \$<br>\$                             |
| 4. |  |                     |                                      |
|    | Transfer Agent's Fees  |                     | \$                                   |
|    | Printing and Engraving Costs   |                     | \$                                   |
|    | Legal Fees   |                     | \$                                   |
|    | Accounting Fees  | 0                   | \$                                   |
|    | Engineering Fees   |                     | \$                                   |
|    | Sales Commissions (specify finders' fees separately)   |                     | \$ <u>1,214,500</u>                  |
|    | Other Expenses (identify) Organization, Marketing, Due Diligence   |                     | \$ <u>1,041,000</u>                  |
|    | Total  |                     | \$_2,255,500                         |

|            | b. Enter the difference between the aggregate off 1 and total expenses furnished in response to Parthe "adjusted gross proceeds to the issuer."                       | rt C - Question 4.a. This difference is the   |  |                        |
|------------|---|---|--|------------------------|
| 5.         | Indicate below the amount of the adjusted gross p for each of the purposes shown. If the amount f and check the box to the left of the estimate.                      | or any purpose is not known, furnish an estimate<br>The total of the payments listed must equal the | <b>!</b>   |                        |
|            | adjusted gross proceeds to the issuer set forth in re   | esponse to Part C - Question 4.b above.   | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others  |
|            | Salaries and fees   |   |  |                        |
|            | Purchase of real estate   |   |  |                        |
|            |   | machinery and equipment   |  |                        |
|            | _   | d facilities.   |  |                        |
|            | Acquisition of other businesses (including the offering that may be used in exchange for the  | e value of securities involved in this  |  |                        |
|            | •   |   |  | •                      |
|            |   |   |  |                        |
|            | n onting capital  |   | Ψ  |                        |
|            | Column Totals   |   | \$   | □ \$ <u>15,094,500</u> |
|            | Total Payments Listed (column totals added)   |   | □ <u>\$15,0</u>  | 94,500                 |
|            |   | D. FEDERAL SIGNATURE  |  |                        |
| fol<br>rec | e issuer has duly caused this notice to be signed by<br>lowing signature constitutes an undertaking by the<br>juest of its staff, the information furnished by the is | e issuer to furnish to the U.S. Securities and Exsuer to any nonaccredited investor pursuant to pa  | change Comm<br>ragraph (b)(2)                          | nission, upon written  |
| İss        | uer (Print or Type)   | Signature   | Date   |                        |
| Nì         | N RIVERWOOD PLACE, LLC  | Calle / portices  | 81   | /3/07                  |
| Na         | me of Signer (Print or Type)  | Title of Signer (Print or Type)   |  |                        |
| Та         | lle A. Voorhies   | Executive Vice President of Triple Net Propert  | ies, LLC, the N  | Manager                |
|            |   | ATTENTION   |  |                        |
|            | Intentional misstatements or omissions  | of fact constitute federal criminal violations. (   | See 18 U.S.C.  | 1001.)                 |

|     | E. S  | ATE SIGNATURE   |          |  |  |
|-----|---|---|----------|--|--|
| ١.  | . Is any party described in 17 CFR 230.262 presently sub of such rule?  | •   | No<br>⊠  |  |  |
|     | See Appendix, C   | olumn 5, for state response.  |          |  |  |
| 2.  | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice or Form D (17 CFR 239.500) at such times as required by state law. |   |          |  |  |
| 3.  | . The undersigned issuer hereby undertakes to furnish to issuer to offerees.  | the state administrators, upon written request, information furnished   | l by the |  |  |
| 4.  |   | niliar with the conditions that must be satisfied to be entitled to the Uch this notice is filed and understands that the issuer claiming the avase conditions have been satisfied. |          |  |  |
|     | he issuer has read this notification and knows the contendersigned duly authorized person.  | s to be true and has duly caused this notice to be signed on its behal  | f by the |  |  |
| Iss | ssuer (Print or Type) Sig   | ature / Date /  |          |  |  |
| NN  | INN RIVERWOOD PLACE, LLC  | Jalle Voorhus 8/3/07  | <b>)</b> |  |  |
| Na  | lame of Signer (Print or Type) Titl   | of Signer (Print or Type)   |          |  |  |

Executive Vice President of Triple Net Properties, LLC, the Manager

**END** 

### Instruction:

Talle A. Voorhies

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.