

2001 UNIFORM BUSINESS REPORT (UBR)

0008285 AF

DOCUMENT # **L00000011699**

1. Entity Name
AMB HTD - BEACON CENTRE, LLC

FILED

01 MAY -1 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8323 N.W. 12TH ST., STE. 115
MIAMI FL 33126

Mailing Address
8323 N.W. 12TH ST., STE. 115
MIAMI FL 33126



2. Principal Place of Business
Pier 1, Bay 1
Suite, Apt. #, etc.

3. Mailing Address
Pier 1, Bay 1
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
San Francisco CA
Zip **94111** Country **USA**

City & State
San Francisco CA
Zip **94111** Country **USA**

4. FEI Number
51-040 3094

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARON, JERRY P.A.
250 SOUTH AUSTRALIAN AVE., 9TH FLOOR
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **Corporation Service Company**
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays St.
City **Tallahassee** FL Zip Code **32301**

8. 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 *Vivien S Mitchell* **VIVIENS MITCHELL, ASST VP** **4/27/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|--------------------------------|----------------|-----------------|---------------------------------|
| | # Sole Member | | | |
| | AMB Property, L.P. | | | |
| | Pier 1, Bay 1 | | | |
| | San Francisco, CA 94111 | | | |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|--|
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Tamra D. Browne* **Tamra D. Browne** **4/27/01**
Signature and typed or printed name of signing managing member, manager, or authorized representative. (NOTE: Signature required when reinstating) DATE
VP, General Counsel & Secretary of AMB Property Corporation, the GP of AMB Property, L.P.
415) 394-9000
Daytime Phone #

CR2E083 (11/00)