


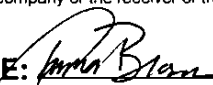
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 APR -6 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400069610374

DOCUMENT # L00000011699					
1. Entity Name AMB HTD - BEACON CENTRE, LLC					
Principal Place of Business PIER 1, BAY 1 SAN FRANCISCO, CA 94111		Mailing Address PIER 1, BAY 1 SAN FRANCISCO, CA 94111			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03232006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMB PROPERTY, LP		NAME		
STREET ADDRESS	PIER 1, BAY 1		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Senior Vice President, AMB Property Corporation, the general partner of AMB Property, L.P., the sole member of AMB HTD-Beacon Centre, LLC		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #
			April 1, 2006		415-394-9000



CORPORATION SERVICE COMPANY

L00000011699

ACCOUNT NO. : 072100000032

REFERENCE : 966957 5160089

AUTHORIZATION

[Handwritten signature]

COST LIMIT \$ 50.00

2006 APR - 6 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : April 5, 2006

ORDER TIME : 10:07 AM

ORDER NO. : 966957-035

[Handwritten initials]

CUSTOMER NO: 5160089

ANNUAL REPORT FILING

NAME: AMB HTD-BEACON CENTRE, LLC

RECEIVED
06 APR - 6 AM 10:58
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____