

L:00000011699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

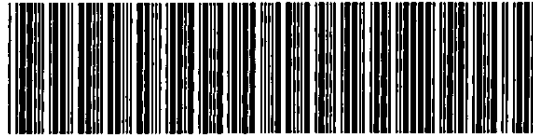
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700079936977

09/20/06--01023--003 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 20 PM 2: 26

J. BRYAN SEP 21 2006

CLAS Information Services  
2020 Hurley Way, Suite #350 Sacramento CA 95825  
Tel: (800) 447-6237

Job Number: 5809/JC

Date: 9/8/2006

**Name: AMB HTD - BEACON CENTRE, LLC**

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check # 18606 in the amount of \$25.00 and a self-addressed, stamped envelope for your convenience in returning a stamped, filed copy to us. Please call with any questions. Thank you in advance.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 20 PM 2:26

Sincerely,

Judy Culver

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AMB HTD - BEACON CENTRE, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDY CULVER  
(Name of Person)

CLAS INFORMATION SERVICES  
(Firm/Company)

2020 HURLEY WAY, STE. 350  
(Address)

SACRAMENTO, CA 95825  
(City/State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 20 PM 2:26

For further information concerning this matter, please call:

JUDY CULVER at ( 800 ) 447-6237  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: AMB HTD - BEACON CENTRE, LLC

2. The mailing address of the limited liability company is : PIER 1, BAY 1, SAN FRANCISCO CA 94111

09/27/2000

L00000011699

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY  
Name  
1201 HAYS STREET  
Address  
TALLAHASSEE FL 32301-2525  
City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI SERVICES, INC.  
Name  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
Florida street address (P.O. Box NOT acceptable)  
WESTON FL 33331  
City, State and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 20 PM 2: 26

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Judy Culver  
(Signature of a member or authorized representative of a member)

JUDY CULVER, ATTORNEY-IN-FACT FOR AMB PROPERTY, L.P.  
(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Christy McCullough, ASST. SECY  
(Signature of Registered Agent)

CHRISTY MCCULLOUGH, ASSISTANT SECRETARY  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314