

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 APR 12 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011699 1. Entity Name AMB HTD - BEACON CENTRE, LLC	
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Principal Place of Business PIER 1, BAY 1 SAN FRANCISCO, CA 94111	Mailing Address PIER 1, BAY 1 SAN FRANCISCO, CA 94111
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BK



DO NOT WRITE IN THIS SPACE

04042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0403094	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2007**

000097573290
04/19/07--01033--014 **50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMB PROPERTY, LP PIER 1, BAY 1 SAN FRANCISCO, CA 94111
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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

Date: 4/6/07 Daytime Phone #: 415 344 9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE