


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
 2006 APR -6 PM 1:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # B04000000191**  
 1. Entity Name  
 AMB INSTITUTIONAL ALLIANCE FUND II, L.P.



Principal Place of Business  
 PIER 1, BAY 1  
 SAN FRANCISCO, CA 94111

Mailing Address  
 PIER 1 BAY 1  
 SAN FRANCISCO, CA 94111

*BK*

8000696103



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03232006 Chg-LP CR2E003 (11/05)

City & State

4. FEI Number  
 91-2096439

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B97000000636	STREET ADDRESS	
NAME	AMB PROPERTY, L.P.	CITY-ST-ZIP	
STREET ADDRESS	PIER 1, BAY 1		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Tamra D. Browne* April 1, 2006 415-394-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Tamra D. Browne, Senior Vice President, AMB Property Corporation, the general partner of AMB Property, L.P., the general partner of AMB Institutional Alliance Fund II, L.P.



CORPORATION SERVICE COMPANY

1304000000191

ACCOUNT NO. : 072100000032

REFERENCE : 966957 5160089

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ ~~5000.00~~ \$500.00 *AK*

ORDER DATE : April 5, 2006

ORDER TIME : 10:08 AM

ORDER NO. : 966957-040

CUSTOMER NO: 5160089

*BK*

FILED  
2006 APR - 6 PM 1:06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ANNUAL REPORT FILING

NAME: AMB INSTITUTIONAL ALLIANCE  
FUND II, L.P.

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: \_\_\_\_\_