

B040000000191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

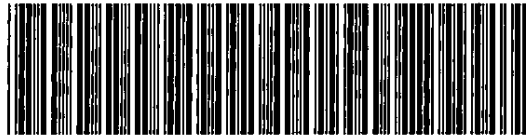
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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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 INSTITUTIONAL ALLIANCE FUND II, L.P.**

Request For: Florida  
TYPE OF FILING: Change of Agent

**Special Instructions:**

Please file the attached upon receipt. We have enclosed check # 18593 in the amount of \$35.00 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.

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SECRETARY OF CORPORATIONS  
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 INSTITUTIONAL ALLIANCE FUND II, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** B04000000191

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

Please return all correspondence concerning this matter to:

Judy Culver

(Contact Person)

CLAS Information Services, Inc.

(Firm/Company)

2020 Hurley Way, Ste. 350

(Address)

Sacramento, CA 95825

(City, State and Zip Code)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

Judy Culver

(Name of Contact Person)

at ( 800 ) 447-6237

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS04 (01/06)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. AMB INSTITUTIONAL ALLIANCE FUND II, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/06/2004

Date of filing/registration in Florida

3. B04000000191

Florida document number

4. 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

5. The name and Florida street 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

6. Such change(s) is/are effective when filed by the Florida Department of State.

Judy Culver

Signature of General Partner

Judy Culver, Attorney-in-Fact for AMB Property, L.P.

*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.*

NRAI SERVICES, INC.

by Christy McCullough, ASST. SECY

Signature of Registered Agent

CHRISTY MCCULLOUGH, ASSISTANT SECRETARY

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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DIVISION OF CORPORATIONS  
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