


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

<b>DOCUMENT # B0400000191</b>	
1. Entity Name <b>AMB INSTITUTIONAL ALLIANCE FUND II, L.P.</b>	

**FILED**  
**08 APR 30 AM 11:12**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business <b>PIER 1, BAY 1 SAN FRANCISCO, CA 94111</b>	Mailing Address <b>PIER 1, BAY 1 SAN FRANCISCO, CA 94111</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>% NRAI Services, Inc.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>2731 Executive Park Drive Ste 4</b>

04212008 Chg-LP CR2E003 (12/06)

City & State <b>Weston, FL</b>	4. FEI Number <b>91-2096439</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33331</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

*MLK*

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>B9700000636 AMB PROPERTY, L.P. PIER 1, BAY 1 SAN FRANCISCO, CA 94111</b>	STREET ADDRESS CITY-ST-ZIP	<b>04/30/08 01042 002 350.00</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>04/30/08 01042 003 150.00</b>
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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:** Clarinda Low Clarinda Low, Vice President, Associate Counsel of AMB Property Corporation,  
the general partner of AMB Property, L.P., general partner of the LP April 22, 2008 415-394-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #