2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED

DOCUMENT # B0400000518 1. Entity Name AMB INSTITUTIONAL ALLIANCE FUND III, L.P.					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place	e of Business	Mailing Address	,	•				
Pier 1, Bay		Pier 1, Bay 1		. 1	, 600069610276			
San Francisco, CA 94111		San Francisco, CA 9	94111	M				
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		03232006	Chg-LP	CR2E00	3 (11/05)
City & State	9	City & State			4. FFI Number			Applied For
					20-0285177			Not Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		8.75 Additional ee Required
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
	named entity submits this sions of registered agent.	statement for the purpose of changing its	registered of	fice or register	red agent, or both,	in the State of Flor	ida. Iam fa	miliar with, and accept
Signature, typed or printed name of registered agent and title it applicable.					DATE			
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00								-
	A GENERAL PA	ARTNER THAT IS A BUSINESS EN artners MAY NOT be changed on th	ITITY MUST he form; ar	BE REGIS amendmer	TERED AND AC nt must be filed	TIVE WITH THIS to change a ge	S OFFICE neral part	ner.
12.	GENERAL PARTNER INFORMATION 13			ADDRESS CHANGES ONLY				
DOCUMENT # NAME	B9700000636 AMB PROPERTY, L.P.		STREET AD	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	PIER 1, BAY 1 SAN FRANCISCO, CA 94111		CITY-ST-Z	IP				
DOCUMENT / NAME			STREET AD	DRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-Z	IP				
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CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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STREET ADDRESS

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

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

AMB Institutional Alliance Fund III, L.P.

SIGNATURE

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1304000000518

ACCOUNT NO. : 072100000032

REFERENCE

966957

5160089

AUTHORIZATION

COST LIMIT

ORDER DATE: April 5, 2006

ORDER TIME : 10:08 AM

ORDER NO. : 966957-045

CUSTOMER NO:

5160089

ANNUAL REPORT FILING

NAME:

AMB INSTITUTIONAL ALLIANCE

FUND III, L.P.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY _ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: