

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

**FILED**

2006 APR -6 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600069610276

<b>DOCUMENT # B04000000518</b> 1. Entity Name <b>AMB INSTITUTIONAL ALLIANCE FUND III, L.P.</b>					
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>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FFI Number <b>20-0285177</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	B97000000636		STREET ADDRESS		
NAME	AMB PROPERTY, L.P.		CITY-ST-ZIP		
STREET ADDRESS	PIER 1, BAY 1		CITY-ST-ZIP		
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CORPORATION SERVICE COMPANY

13040000000518

ACCOUNT NO. : 0721000000032

REFERENCE : 966957 5160089

AUTHORIZATION :

COST LIMIT : \$ 500.00

ORDER DATE : April 5, 2006

ORDER TIME : 10:08 AM

ORDER NO. : 966957-045

CUSTOMER NO: 5160089

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

BK

ANNUAL REPORT FILING

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

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: \_\_\_\_\_

RECEIVED  
06 APR -6 AM 10:58  
DIVISION OF CORPORATION