

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B04000000518

1. Entity Name
AMB INSTITUTIONAL ALLIANCE FUND III, L.P.



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

Mailing Address
**PIER 1, BAY 1
 SAN FRANCISCO, CA 94111**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



04042007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number
APPLIED FOR

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

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE, STE. 4
 WESTON, FL 33331**

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

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

000097564380
 04/19/07-01022-007 **500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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

DOCUMENT # **B97000000636**
 NAME **AMB PROPERTY, L.P.**
 STREET ADDRESS **PIER 1, BAY 1**
 CITY-ST-ZIP **SAN FRANCISCO, CA 94111**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 Institutional Alliance Fund III, L.P.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/6/07 415 394 9000

STAPLE CHECK HERE

FILED
07 APR 12 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA