

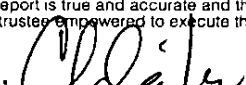


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B04000000518 1. Entity Name AMB INSTITUTIONAL ALLIANCE FUND III, L.P.						FILED 08 APR 30 AM 8:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address % NRAI Services, Inc. 2731 Executive Park Drive Ste 4 Weston, FL City & State Zip Country 33331 USA					
4. FEI Number APPLIED FOR 20-0285777				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04212008 Chg-LP CR2E003 (12/06)			
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, STE. 4 WESTON, FL 33331				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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 #	B97000000636			STREET ADDRESS			
NAME	AMB PROPERTY, L.P.			CITY-ST-ZIP			
STREET ADDRESS	PIER 1, BAY 1			CITY-ST-ZIP			
CITY-ST-ZIP	SAN FRANCISCO, CA 94111			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP				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							
SIGNATURE: 				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			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>			

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