

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B04000000518

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Entity Name:** AMB INSTITUTIONAL ALLIANCE FUND III, L.P.

**Current Principal Place of Business:**

PIER 1, BAY 1  
SAN FRANCISCO, CA 94111

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, STE. 4  
WESTON, FL 33331

**New Mailing Address:**

**FEI Number:** 20-0285177      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: B97000000636  
Name: AMB PROPERTY, L.P.  
Address: PIER 1, BAY 1  
City-St-Zip: SAN FRANCISCO, CA 94111

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TAMRA D. BROWNE

SVP

04/16/2009

\_\_\_\_\_ Electronic Signature of Signing General Partner

\_\_\_\_\_ Date