



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -3 AM 9:48

DOCUMENT # B04000000560			
1. Entity Name AMB-AMS OPERATING PARTNERSHIP, 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		3. Mailing Address Pier 1, Bay 1 Legal Dept.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State San Francisco, CA	
Zip	Country	Zip	Country
		94111	USA
4. FEI Number		34-1996556	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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>			
9. Capital Contributions as Shown on record. \$7,575,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$7,575,000	
11. Fees \$526.25			
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	SAN FRANCISCO, CA 94111		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	700058636947
STREET ADDRESS			08/16/05--01006--025 **408.75
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	700058636947
STREET ADDRESS			08/16/05--01006--026 **526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Tamra D. Browne 07/07/05 (415) 394-9000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

See attached page.

STATE OF FLORIDA
2005 LIMITED PARTNERSHIP ANNUAL REPORT
of
AMB-AMS OPERATING PARTNERSHIP, L.P.

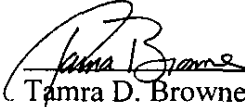
Signature Page

AMB-AMS OPERATING PARTNERSHIP, L.P.
a Delaware limited partnership

By: AMB Property, L.P.
a Delaware limited partnership
its General Partner

By: AMB Property Corporation
a Maryland Corporation
its General Partner

By:



Tamra D. Browne, Senior Vice President,
General Counsel & Secretary