


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # B04000000560 1. Entity Name AMB-AMS OPERATING PARTNERSHIP, L.P.	
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Handwritten initials: BK



Principal Place of Business PIER 1, BAY 1 SAN FRANCISCO, CA 94111	Mailing Address PIER 1, BAY 1 SAN FRANCISCO, CA 94111
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03232006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 34-1996556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # NAME STREET ADDRESS CITY - ST - ZIP	B97000000636 AMB PROPERTY, L.P. PIER 1, BAY 1 SAN FRANCISCO, CA 94111	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	600069609616
		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	
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

SIGNATURE: *Tamra D. Browne* **April 1, 2006** 415-394-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE



CORPORATION SERVICE COMPANY

304000000560

ACCOUNT NO. : 072100000032

REFERENCE : 966957 5160089

AUTHORIZATION

COST LIMIT : \$ 500.00

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

ORDER DATE : April 5, 2006

ORDER TIME : 10:18 AM

ORDER NO. : 966957-085

CUSTOMER NO: 5160089

BK

ANNUAL REPORT FILING

RECEIVED
06 APR -6 AM 10:57
DIVISION OF CORPORATION

NAME: AMB-AMS OPERATING PARTNERSHIP,
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: _____