

BOY 0000000560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

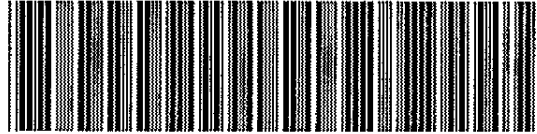
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300079860673

09/20/06--01016--023 **35.00

2006 SEP 20 AM 11:13
SEC. CLERK OF STATE
STATE HOUSE

FILED

Boy - 560
al

CLAS Information Services
2020 Hurley Way, Suite #350 Sacramento CA 95825
Tel: (800) 447-6237

Job Number: 5809/JC

Date: 9/8/2006

Name: AMB-AMS OPERATING PARTNERSHIP, L.P.

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check # 18601 in the amount of \$35.00 and a self-addressed, stamped envelope for your convenience in returning a stamped, filed copy to us. Please call with any questions. Thank you in advance.

2006 SEP 20 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED

Sincerely,

Judy Culver

Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: AMB-AMS OPERATING PARTNERSHIP, L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B04000000560

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Judy Culver

(Contact Person)

CLAS Information Services, Inc.

(Firm/Company)

2020 Hurley Way, Ste. 350

(Address)

Sacramento, CA 95825

(City, State and Zip Code)

FILED
2006 SEP 20 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Judy Culver

(Name of Contact Person)

at (800) 447-6237

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. AMB-AMS OPERATING PARTNERSHIP, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/28/2004 Date of filing/registration in Florida
3. B04000000560 Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Address
TALLAHASSEE FL 32301-2525
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NRAI SERVICES, INC.
Name
2731 EXECUTIVE PARK DRIVE, SUITE 4
Florida street address (P.O. Box not acceptable)
WESTON FL 33331
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Judy Culver
Signature of General Partner
Judy Culver, Attorney-in-Fact for AMB Property, L.P.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Christy McCullough
by
Signature of Registered Agent
CHRISTY MCCULLOUGH, ASSISTANT SECRETARY

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

2006 SEP 20 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED