

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # B05000000166 1. Entity Name AMB PARTNERS II, 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 94-3380719	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 #	B97000000636		STREET ADDRESS		
NAME	AMB PROPERTY, L.P.		CITY - ST - ZIP		
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CORPORATION SERVICE COMPANY

305000000166

ACCOUNT NO. : 0721000000032

REFERENCE : 966957 5160089

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 500.00

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

ORDER DATE : April 5, 2006

ORDER TIME : 10:09 AM

ORDER NO. : 966957-050

CUSTOMER NO: 5160089

BK

ANNUAL REPORT FILING

NAME: AMB PARTNERS II, L.P.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

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

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____