2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
08 APR 30 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B05000000166

1. Entity Name
AMB PARTNERS II, L.P.

Principal Place of Business	Mailing Address
PIER 1, BAY 1 SAN FRANCISCO, CA 94111	~~PIER 1, BAY 1~~ ~~SAN FRANCISCO, CA 94111~~

04212008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	c/o NRAI Services, Inc. Suite, Apt. #, etc. 2731 Executive Park Dr. Ste 4
City & State	City & State Weston, FL
Zip / Country	Zip 33332 / Country USA

4. FEI Number 94-3380719 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	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, 2008, 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 #	B47000000636	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	500127396165 04/30/08--01042--023 **350.00
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DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	500127396165 ~~04/30/08--01042--024 **150.00~~
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ Clarinda Low, Vice President, Associate Counsel of AMB Property Corporation, the general partner of AMB Property, L.P., the general partner the LP April 22, 2008 415-394-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #