


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B07000000235

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



FILED
08 APR 30 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ATTN: LEGAL DEPARTMENT
PIER 1, BAY 1
SAN FRANCISCO, CA 94111

Mailing Address
ATTN: LEGAL DEPARTMENT
PIER 1, BAY 1
SAN FRANCISCO, CA 94111



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
% NRAI Services, Inc.
 Suite, Apt. #, etc.
2731 Executive Park Dr.
 City & State
Weston, FL
 Zip
33331

Country
USA

04282008 Chg-LP CR2E003 (12/06)

4. FEI Number
 94-3285360

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
	State 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.

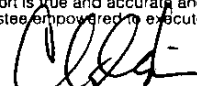
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F08000000029	STREET ADDRESS	
NAME	AMB PROPERTY HOLDING CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	PIER 1, BAY 1		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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100127385621
04/30/08--01042--011 **150.00

100127385621
04/30/08--01042--012 **350.00

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 Holding Corporation, the general partner of the LP April 28, 2008 415-394-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #