

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # B07000000318

1. Entity Name
AMB HFC, L.P.



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

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 - No P.O. Box #

3. Mailing Address
c/o NRAI Services, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2731 Executive Park Dr. Ste 4

City & State

City & State

Weston, FL

Zip

Country

Zip

33331

Country

USA

04212008

Chg-LP

CR2E003 (12/06)

4. FEI Number

26-1303196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 # **M07000006253**
NAME **AMB HFC GP, LLC**
STREET ADDRESS **PIER 1, BAY 1**
CITY-ST-ZIP **SAN FRANCISCO, CA 94111**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

300127382973
04/30/08--01042--008 **350.00

DOCUMENT #
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300127382973
04/30/08--01042--009 **150.00

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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:

Clarinda Low

Clarinda Low, Vice President, Associate Counsel of AMB Property Holding Corporation,
the general partner of AMB Property II, L.P., the sole member of AMB HFC GP, LLC, the
general partner of LP

April 22, 2008

415-394-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE