

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000636**

1. Entity Name

DELAWARE AMB PROPERTY, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 11 PM 12:42

Principal Place of Business

505 MONTGOMERY STREET
SAN FRANCISCO CA 94111

Mailing Address

505 MONTGOMERY STREET
SAN FRANCISCO CA 94111-2552

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

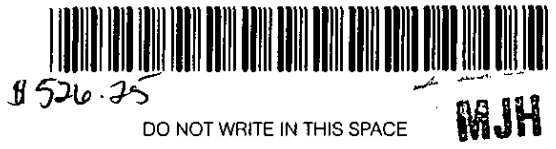
94-3285362

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

~~CT CORPORATION SYSTEM~~ CSC
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
City: Tallahassee FL Zip Code: 32301

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.

SIGNATURE

(paperwork previously submitted)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$161,377,971.00

10. Amount of Capital Contributions in FLORIDA to date.

\$186,977,971

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # F97000006243
NAME AMB PROPERTY CORPORATION
STREET ADDRESS 505 MONTGOMERY STREET
CITY - ST - ZIP SAN FRANCISCO CA 94111

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5.5.00

Date

(415) 394-9000

Daytime Phone #

CR2E003 (9/99)