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### CLAS Information Services 2020 Hurley Way, Suite #350 Sacramento CA 95825 Tel: (800) 447-6237

Job Number: 5809/JC Date: 9/8/2006

#### Name: DELAWARE AMB PROPERTY, LIMITED PARTNERSHIP

Request For: Florida

TYPE OF FILING: Change of Agent

#### **Special Instructions:**

Please file the attached upon receipt. We have enclosed check # 18597 in the amount of \$35.00 and a self-addressed, stamped envelope for your convenience in returning a stamped, filed copy to us. Please call with any questions. Thank you in advance.

Sincerely,

**Judy Culver** 

2006 SEP 20 AM II: II

#### **COVER LETTER**

TO: Registration Section **Division of Corporations** SUBJECT: DELAWARE AMB PROPERTY, LIMITED PARTNERSHIP (Name of Limited Partnership or Limited Liability Limited Partnership) DOCUMENT NUMBER: B9700000636 The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: **Judy Culver** (Contact Person) CLAS Information Services, Inc. (Firm/Company) 2020 Hurley Way, Ste. 350 (Address) Sacramento, CA 95825 (City, State and Zip Code) For further information concerning this matter, please call: **Judy Culver** Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: **MAILING ADDRESS:** 

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

INHS04 (01/06)

Registration Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

# LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

## 1 DELAWARE AMB PROPERTY, LIMITED PARTNERSHIP

Name o	f Limited Partnership or L	imited Liability Limited Partne	ership	
2. 11/25/1997  Date of filing/registration in Florida		<sub>3.</sub> B9700000636		
		Florida doca	zument number	
4. The name of the registe Department of State:	red agent and the registere	ed office address as shown on the	he records of the Florida	
C	ORPORATION	SERVICE COMPA	ANY	
	N	ame	<del>_</del>	
12	201 HAYS STI	REET		
	Ad	dress	<u></u>	
T,	ALLAHASSEE	FL 32301-2525	2006 2006	
	City, Sta	ate and Zip	- 108 108 108	ا ارستان
5. The name and Florida s	treet address of the new re	gistered agent and/or office:	SEP 20 RETARN SHASSI	ا بعديد جيئر
N	RAI SERVICES, INC	\ F•	:11	j 
	N	ame		- 5 F
27	31 EXECUTIVE PA	RK DRIVE, SUITE 4	- A 2 4 4 8 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	بنجة ،
	Florida street address (	P.O. Box not acceptable)	— မက တ	
W	ESTON	FL 33331		
<del></del>	City Ste	ate and Zip	<del>-</del> - • · · ·	. 12

Signature of General Partner

Judy Culver, Attorney-in-Fact for AMB Property Corporation

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

NRAI SERVICES, INC.

by: Just W Culloud
Signature of Registered Agent

CHRISTY MCCULLOUGH, ASSISTANT SECRETARY

Filing Fee: \$35.00 Certified Copy (optional): \$52.50