


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

526.25

10

DOCUMENT # B9800000016

1. Entity Name
JACK STRAW LIMITED PARTNERSHIP



FILED

ABK

04 MAR -2 AM 7:33

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02042004 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
65-0807701

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$250,000.00**

11. Fees. **\$526.25**

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 #	M02000000831
NAME	PLAZA WEST GP, LLC
STREET ADDRESS	PIER 1 BAY 1
CITY - ST - ZIP	SAN FRANCISCO, CA 94111
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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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 

Michael A. Coke (*see attached page)

(415) 394-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

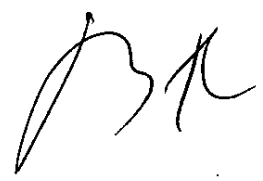
2

STATE of FLORIDA
2004 LIMITED PARTNERSHIP ANNUAL REPORT
of
JACK STRAW LIMITED PARTNERSHIP

Signature Page

Jack Straw Limited Partnership
a Delaware limited partnership

By: Plaza West GP, LLC,
a Delaware limited liability company,
its General Partner



By: City and County of San Francisco Employees' Retirement System,
its Sole Member

By: AMB Capital Partners, LLC,
a Delaware limited liability company,
its Authorized Agent

By: /s/ MICHAEL A. COKE
Michael A. Coke, Executive Vice
President, Chief Financial Officer
and Treasurer

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TALLAHASSEE, FLORIDA