2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

526.25

DOCUMENT # B9800000016 1. Entity Name JACK STRAW LIMITED PARTNERSHIP			•		FILED	
Principal Place of Business Mailing Address					04 MAR -2 AM 7: 33	
PIER 1, BAY 1 SAN FRANCISCO, CA 94111		PIER 1, BAY 1 SAN FRANCISCO, CA 94111		V	SECRETARY OF STATE TALLAHASSEE FLORIDA	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02042004 Chg-LP CR2E003 (10/03)	
City & State		City & State			4. FEI Number Applied For 65-0807701 Not Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY				Name		
1201 HAYS STREET TALEAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code	
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s register	ed office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature: typed or printed name of registered agent and title if applicable DATE						
9. Capital Contributions as Shown on record. \$250,000.00 10. Amount of Capital in FLORIDA to dat				sutions \$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 13. ADDRESS CHANGES ONLY						
DOCUMENT #	M02000000831		STRE	ET ADDRESS		
name Street address	PLAZA WEST GP, LLC S PIER 1 BAY 1		ł			
CITY - ST - ZIP	SAN FRANCISCO, CA 94111		CITY	- ST - ZIP		
DOCUMENT / NAME			STRE	ET ADDRESS	2000200000	
STREET ADDRESS CITY-ST-ZIP			CITY	- ST- ZIP	200029962862 03/05/0401065003 **576.25	
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CITY-ST-ZIP						
CITY-ST-ZIP DOCUMENT A NAME			STRE	ET ADDRESS		
DOCUMENT #				ET ADDRESS ST-ZIP		

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 the report as required by Chapter 620, Florida Statutes

STAPLE CHECK HERE

Michael A. Coke (*see attached page)

(415) 394-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daysime Phone #

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



Signature Page

Jack Straw Limited Partnership a Delaware limited partnership

D DI WACDIIO

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

FILED TO STATE SECRETARY OF STATE