



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUL 12 AM 9:45

DOCUMENT # B98000000016 1. Entity Name JACK STRAW LIMITED PARTNERSHIP					
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		3. Mailing Address Pier 1, Bay 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Legal Dept.			
City & State		City & State San Francisco, CA			
Zip	Country	Zip 94111	Country USA		
4. FEI Number 65-0807701				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$250,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$250,000		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 # NAME STREET ADDRESS CITY-ST-ZIP	M02000000831 PLAZA WEST GP, LLC PIER 1 BAY 1 SAN FRANCISCO, CA 94111		STREET ADDRESS CITY-ST-ZIP	800057768128 07/22/05--01003--011 **526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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: <u>Alison M Hill</u> , alison M. Hill 07/07/05 (415) 394-9000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

See attached page.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 12 AM 9:45

STATE OF FLORIDA

2005 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

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

By: AMB Capital Partners, LLC
its Authorized Agent

By: Alison M. Hill
Alison M. Hill, Senior Vice President,
Chief Operating Officer & Secretary