


**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 <i>Pier 1, Bay 1</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Legal Dept.</i>	
City & State		City & State <i>San Francisco, CA</i>	
Zip		Zip <i>94111</i>	
Country		Country <i>USA</i>	
4. FEI Number 65-0807701		Applied For <input type="checkbox"/> 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 _____	
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 #	M02000000831	STREET ADDRESS	
NAME	PLAZA WEST GP, LLC	CITY-ST-ZIP	800057768128
STREET ADDRESS	PIER 1 BAY 1		07/22/05--01003--011 **526.25
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: <i>Alison M Hill</i>		Date: 07/07/05 (415) 394-9000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE

See attached page.

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STATE OF FLORIDA

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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