

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

DOCUMENT # B98000000610

1. Entity Name  
 AMB/NDP, L.P.



FILED  
 08 APR 30 AM 11:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 PIER 1 BAY 1  
 SAN FRANCISCO, CA 94111

Mailing Address  
 PIER 1, BAY 1  
 LEGAL DEPT.  
 SAN FRANCISCO, CA 94111

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
 % NRAI Services, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2731 Executive Park Dr. Ste 4

City & State

City & State

Weston, FL

Zip

Country

Zip

33331

Country

USA

04222008

Chg-LP

CR2E003 (12/06)

4. FEI Number

94-3310971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE, SUITE 4  
 WESTON, FL 33331

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 # B97000000636  
 NAME AMB PROPERTY, L.P.  
 STREET ADDRESS PIER 1 BAY 1  
 CITY-ST-ZIP SAN FRANCISCO, CA 94111

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 CITY-ST-ZIP

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DOCUMENT #  
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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 exemptions contained in Chapter 119, 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:

*[Signature]*

Clarinda Low, Vice President, Associate Counsel of AMB Property Corporation,  
 the general partner of AMB Property, L.P., the general partner of the LP April 22, 2008 415-394-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE