

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED

04 APR -8 PM 5:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BM



DOCUMENT # L00000011698
 1. Entity Name
AMB - BEACON CENTRE ALLIANCE, LLC



Principal Place of Business Mailing Address
PIER 1, BAY 1 **PIER 1, BAY 1**
SAN FRANCISCO, CA 94411 **SAN FRANCISCO, CA 94411**

2. Principal Place of Business 3. Mailing Address
Pier 1, Bay 1 **Pier 1, Bay 1**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
San Francisco, CA **San Francisco, CA**
 Zip Country Zip Country
94111 **USA** **94111** **USA**

04052004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
94-3330141 Not Applicable

5. Certificate of Status Desired **\$5.00** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGRM NAME: AMB PROPERTY, L.P. <input checked="" type="checkbox"/> Delete STREET ADDRESS: PIER 1, BAY 1 CITY-ST-ZIP: SAN FRANCISCO, CA 94411	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

10. ADDITIONS/CHANGES	
TITLE: MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: AMB Institutional Alliance Fund I, L.P. STREET ADDRESS: Pier 1, Bay 1, San Francisco, CA 94111 CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 400032201064 CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michael A. Coke* Michael A. Coke (*see attached page) 4/6/2004 (415) 394.9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

LOG000011698

STATE of FLORIDA

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT
of
AMB-BEACON CENTRE ALLIANCE, LLC

Signature Page

AMB-Beacon Centre Alliance, LLC,
a Delaware limited liability company

By: AMB Institutional Alliance Fund I, L.P.,
a Delaware limited partnership,
its Sole Member

By: AMB Property, L.P.,
a Delaware limited partnership
its General Partner

By: AMB Property Corporation,
a Maryland corporation,
its General Partner

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

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SECRETARY OF STATE



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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 553478 5160089

AUTHORIZATION :

Patricia Pujut

COST LIMIT : \$ 50.00

BP

ORDER DATE : April 7, 2004

ORDER TIME : 9:32 AM

ORDER NO. : 553478-005

CUSTOMER NO: 5160089

CUSTOMER: Mr. Scott R. Campbell
Amb Property Corporation
Pier 1
Bay1
San Francisco, CA 94111

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AMB- BEACON CENTRE ALLIANCE,
LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: ANGELA REYNOLDS EXT. 2934

EXAMINER'S INITIALS:

RECEIVED
04 APR - 8 AM 10:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA