

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011699

1. Entity Name  
AMB HTD - BEACON CENTRE, LLC



Principal Place of Business

PIER 1, BAY 1  
SAN FRANCISCO, CA 94111

Mailing Address

PIER 1, BAY 1  
SAN FRANCISCO, CA 94111

BK

**FILED**  
07 APR 12 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0403094

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

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

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

000097573290  
04/19/07--01033--014 \*\*50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
AMB PROPERTY, LP  
PIER 1, BAY 1  
SAN FRANCISCO, CA 94111

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:**

*Tamra D. Browne*

Tamra D. Browne, Senior Vice President, AMB Property Corporation,  
the general partner of AMB Property, L.P., the sole member of  
AMB HTD-Beacon Centre, LLC

4/6/07

415 344 9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #