

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90024 033 ****50.00

DOCUMENT # L02000021483

1. Entity Name

AMB PROPERTIES LLC



Principal Place of Business

7156 SHADY GROVE WAY
TALLAHASSEE FL 32312

Mailing Address

7156 SHADY GROVE WAY
TALLAHASSEE FL 32312



2. Principal Place of Business

310 - 320 BLOUNT ST

3. Mailing Address

Suite, Apt. #, etc.
P.O. Box 3803

1st MOORE

CR2E083 (10/05)

City & State

TALLAHASSEE, FL 32301

City & State

TALLAHASSEE, FL

4. FEI Number

48-1284148

Applied For

Not Applicable

Zip

32301

Country

Zip

32315-3803

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOULOS, MICHEL A
7156 SHADY GROVE WAY
TALLAHASSEE FL 32312

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BOULOS, ANTOINE
STREET ADDRESS 7156 SHADY GROVE WAY
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE MGRM ☐ Delete
NAME BOULOS, MICHEL
STREET ADDRESS 7156 SHADY GROVE WAY
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 3803
CITY-ST-ZIP TALLAHASSEE, FL 32315-3803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

4/17/06

850-556-6660

Date

Daytime Phone #