

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-16-2002 90246 045 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001427

1. Entity Name

AMB FLORIDA RETAIL GP, LLC

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

94-3285362

Applied For

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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

MGRM
 AMB PROPERTY, L.P.
 PIER 1, BAY 1
 SAN FRANCISCO CA 94111

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE NAME ☐ Change ☐ Addition
 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:

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

SIGNATURE REQUIRED

Tamra D. Browne, VP, Gen. Counsel & Secretary
 of AMB Property Corporation, the GP of AMB
 Property, L.P.
 1/9/02 4157 394-9000

Date

Daytime Phone #

CR2E083 (9/01)



AMB PROPERTY CORPORATION

Attachment
16883

VIA REGULAR MAIL

February 25, 2002

Annual Reports Section
Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: AMB Florida Retail GP, LLC
Document #: M01000001427

Dear Sir or Madam:

Enclosed please find a corrected 2002 Uniform Business Report for the above referenced entity including the FEI number.

Please note that this entity uses the FEI number of AMB Property, L.P. as it is a single member limited liability company.

If you have any questions or comments regarding this matter, please do not hesitate to call me at (415) 733-9514.

Sincerely,

A handwritten signature in cursive script that reads "Valerie Solar".

Valerie Solar
Legal Assistant

Enclosure