2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT						FII			
DOCUMENT # M0100001427 1. Entity Name AMB FLORIDA RETAIL GP, LLC					ZI TALI	FIL CORETARY OF AHASSES AHASSES AHASSES	PH 1:4	7	
Principal Place of Business PIER 1, BAY 1 SAN FRANCISCO, CA 94111		Mailing Address PIER 1, BAY 1 SAN FRANCISCO, CA 94111		Λu	: 			, 1405 MMW	3 MWM
2. Principal Place of Business		3. Mailing Address		7/14					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03232006	Chg-LLC	CR2E083	(11/05)	
City & State		City & State			4. FEI Numb 94-328				plied For Applicable
Zip	Country	Zip	Country			of Status Desired	L ře	5.00 Addi e Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			-	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									
Filing Fee is \$50.00 Due by May 1, 2006							ke check pay a Departmer		
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMB PROPERTY, L.P. PIER 1, BAY 1 SAN FRANCISCO, CA 94111	☐ Delete	TITLE NAME STREET A	ADDRESS 1-ZIP			[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET , CITY-ST	ADDRESS T-ZIP			(Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet e	TITLE NAME STREET	ADDRESS 1-21P			ſ	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP			f	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP			Ĭ	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME Street City-Si	ADDRESS IT-ZIP				Change	Addition
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. Tamra D. Browne, Senior Vice President, AMB Property Corporation, the general partner of AMB Property, L.P., the sole member of AMB Florida Retail GP, LLC April 1, 2006 415-394-9000									
	SIGNATURE AND TYPED OR PRINTED NAME OF	F SIGNING MANAGING MEMBER, MA	NAGER, OR A	UTHORIZED REPRESE	ENTATIVE	Date	Day	time Phone #	



101000001427

ACCOUNT NO. : 072100000032

REFERENCE :

966957

5160089

COST LIMIT

ORDER DATE: April 5, 2006

ORDER TIME : 10:06 AM

ORDER NO. : 966957-030

CUSTOMER NO:

5160089

ANNUAL REPORT FILING

NAME: AMB FLORIA RETAIL GP, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS:

DIVISION OF CORPORATION