## 2007 LIMITED LIABILITY COMPANY

ANNUA	L REPORT	IFAN I	_	<b>r</b> .		
DOCUMENT # M0100000  1. Entity Name AMB FLORIDA RETAIL GP, LLC		TALE,	PIAPR 12 AM CRETARY OF SI	D		
Principal Place of Business PIER 1, BAY 1 SAN FRANCISCO, CA 94111	Mailing Address PIER 1, BAY 1 SAN FRANCISCO, CA 9	4111		AHASSEE, FLON	" 3 <b>7</b> "A7E ?/DA	
2. Principal Place of Business - No P.O. Box #	Place of Business - No P.O. Box # 3. Mailing Address				III	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04042007 Chg-LL	C CR2E083 (12		
City & State	City & State		4. FEI Number 94-3285362		Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status De	Fee Re	Additional quired	
6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of	New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
**E0   014, 1 E 0000 1		City		FL Zip	Code	
The above named entity submits this statement the obligations of registered agent.  SIGNATURE	for the purpose of changing its	registered office or regist	ered agent, or both, in the Sta	e of Florida. I am familiar	with, and accept	
Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E. Registered Agent signature requir	ed when reinstating)	DATE		
Filing Fee Is \$50.00 Due by May 1, 2007				Make check payable Florida Department of		
	BERS/MANAGERS	10.	ADDI	TIONS/CHANGES		
NAME AMB PROPERTY, L.P. SIREET ADDRESS PIER 1, BAY 1 CITY-S1-ZIP SAN FRANCISCO, CA 94111	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Ch	ange 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ch	ange 🗍 Addition	
NAME STREEL ADDRESS CITY- S1- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7000	0.0 1975732; -01033013		
TITLE NAME SIREET ADDRESS CITY-51-2IP	☐ Deiste	NAME STREET ADDRESS CITY-ST-ZIP	017.1Jr.U1	Ch		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Ch	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deficie	NAME STREET ADDRESS CITY-ST-ZIP		( ) Ch	range 🗀 Addition	
19. I hereby certify that the information supplied indicated on this report is true and accurate a limited liability company or the receiver or true.	ind that my signature shall have stee empowered to execute this	o the same legal effect as its report as required by Cha Browne, Senior Vice Pres Il partner of AMB Propert rida Retail GP, LLC	made under oath; that I am a apter 608, Florida Statutes. sident, AMB Property Corpor y, L.P., the sole member of	managing member or ma	anager of the	