

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90066 018 \*\*\*\*50.00

**DOCUMENT # M02000000831**

1. Entity Name  
**PLAZA WEST GP, LLC**



Principal Place of Business  
**PIER 1, BAY 1  
SAN FRANCISCO, CA 94111**

Mailing Address  
**PIER 1, BAY 1  
SAN FRANCISCO, CA 94111**

**DO NOT WRITE IN THIS SPACE**



07072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**74-3036973**

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**

**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 September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CITY AND COUNTY OF SAN FRANCISCO EMPLOYEES  
PIER 1, BAY 1  
SAN FRANCISCO, CA 94111**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

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:** Alison M Hill **alison M. Hill** 07/07/05 (415) 394-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

See attached page.

ATTACHMENT

20064924

# 1102000000831

STATE OF FLORIDA

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT  
of  
PLAZA WEST GP, LLC

Signature Page

PLAZA WEST GP, LLC  
a Delaware limited liability company

By: City and County of San Francisco Employees' Retirement System  
its Sole Member

By: AMB Capital Partners, LLC  
its Authorized Agent

By: Alison M Hill  
Alison M. Hill, Senior Vice President,  
Chief Operating Officer & Secretary