

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 APR -6 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M02000003267			
1. Entity Name INDUSTRIAL FUND I, LLC			
Principal Place of Business PIER 1, BAY 1 SAN FRANCISCO, CA 94111		Mailing Address PIER 1 BAY 1 SAN FRANCISCO, CA 94111 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMB PROPERTY, L.P. PIER 1, BAY 1 SAN FRANCISCO, CA 94111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, General Counsel and Secretary of AMB Property Corporation, the general partner of AMB Property, L.P., the managing member of Industrial Fund I, LLC			
SIGNATURE: _____		Date April 1, 2006 415-394-9000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



03232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1869033 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

500069609475



CORPORATION SERVICE COMPANY

M02000003267

ACCOUNT NO. : 072100000032

REFERENCE : 966957 5160089

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 50.00

ORDER DATE : April 5, 2006

ORDER TIME : 10:20 AM

ORDER NO. : 966957-095

CUSTOMER NO: 5160089

BK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ANNUAL REPORT FILING

NAME: INDUSTRIAL FUND I, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

RECEIVED
06 APR -6 AM 10:57
DIVISION OF CORPORATION

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____